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'HUMAN SERVICES'



*A Report to the
Governor of Pennsylvania*

by

The Task Force on Human Services

OCTOBER 1970



COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE
HARRISBURG
17120

COUNCIL FOR HUMAN SERVICES
512 FINANCE BUILDING

TELEPHONE:
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September 27, 1970

Honorable Raymond P. Shafer
Governor of Pennsylvania
Capitol Building
Harrisburg, Pennsylvania

Dear Governor Shafer:

On July 15, 1970, you created a Legislative-Executive Task Force and charged it with the responsibility of structuring a new Department of Human Services in Pennsylvania, preparing appropriate legislation therefor, and reporting when the Legislature reconvened in September.

The Task Force convened promptly and systematically attacked the many complex problems confronting it in an effort to complete its mission within the allotted time. Sub-committees were appointed, studies were made, conferences and hearings held and work shops organized. Input was received from 26 out of 28 citizen organizations interested in human services, all of whom were invited to participate in a work shop and conference in connection with the proposed new department.

In the massive, crash assault required to carve one new department out of a number of departments in state government rendering human services, the complete cooperation of the heads of these departments and their staffs, as well as that of the Secretary of Administration and his staff, was indispensable. The Secretaries of Health, Welfare, Education, Labor and Industry, Community Affairs, and Administration gave the Task Force superb support, and made available to it not only a substantial amount of their personal time, but also key members of their staffs. Each of the staff members gave unstintingly of their official and personal time in an extraordinary effort to develop constructive solutions, recommendations and expedition of the report. They worked diligently, vigorously and unselfishly, often at considerable personal sacrifice. Together with the Task Force, they engaged in a magnificent team effort.

We submit herewith our report. It recommends the

Governor Raymond P. Shafer
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creation of a department of human services and proposes legislation for the creation of a Legislative-Executive Committee to formulate the plan and prepare the necessary legislation. During our deliberations, it became evident that legislation to effectuate the creation of the new department was too complex to be suitably prepared in the allotted time fixed for this Task Force. The legislation accompanying the attached report presents a commitment for a new, comprehensive human service system in state government and the machinery by which it can be achieved by January 1, 1972.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Max Rosenn", written in a cursive style.

MAX ROSENN
Chairman

"To meet the full challenge, we must restructure whole departments, reform the legislative and judicial processes and modernize local government.

Our present major programs and laws dealing with environmental pollution, corrections and delivery of human services are too fragmented. This fragmentation weakens our executive efforts to enforce some of the finest laws covering these subjects in the Nation.

This is the major reason for recommending major reorganization today. Another is the fact that abolition of duplicative services will eliminate waste and help us hold down the rising costs faced by all citizens and their governments."

Governor Raymond P. Shater
Special Message before a
Joint Session of the General Assembly
July 14, 1970

TASK FORCE ON HUMAN SERVICES

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David H. Kurtzman, Secretary of Education
David O. Maxwell, Secretary of Administration and
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Theodore R. Robb, Secretary of Labor and Industry
Stanley A. Miller, Secretary of Public Welfare

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Senator Freeman Hankins
Senator Richard A. Snyder
Brydon Lidle (for Secretary Browneller)

Labor and Industry -

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Representative Milton Berkes
Senator Thomas J. Kalman
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RECOMMENDATIONS

1. A Department of Human Services should be created. The Task Force concludes that in order to achieve maximum collaboration of various state programs of services to people, a department with overall responsibility in this area should be organized. Such a department should be established by enabling legislation to become operational July 1, 1972.
2. A Legislative-Executive Committee should be created in order to recommend objectives, structure, inclusions or exclusions of programs and other matters relating to the organization of the new department. This Committee should be supported by an appropriation for consultative services to be made available to it.

A study should be directed toward an implementation plan to be delivered to the Governor and the Legislature by January 1, 1972. In the development of this plan, staff groups from the various departments concerned should participate with the consultants in a joint effort to design and experiment with a service delivery system and to propose an administrative structure which would achieve a responsive synchronized system to meet the needs of the people concerned.

3. The Task Force proposes legislative action, either in the form of an Act or a Joint Resolution, to create a Legislative-Executive Committee which would implement the foregoing recommendations. Proposed legislation is attached. (Appendix H)

I

Background and Organization

"Fragmentation exists in our programs to provide human services to those who are needy, aged, disabled, blind, mentally and physically ill. When these citizens come to us for help, they should receive assistance that meets all their needs. They should not be made to wander through a maze of different bureaus to find help for each problem."

With these words delivered to a Joint Session of the General Assembly on July 14, 1970, Governor Raymond P. Shafer announced the establishment of a Legislative-Executive Task Force to consider legislation to create a new Department of Human Services.

Governor Shafer appointed as Chairman, Mr. Max Rosenn, a Wilkes-Barre attorney and former Secretary of the Department of Public Welfare and former Chairman of the State Human Relations Commission. The Task Force was made up of ten members of the General Assembly (five from each house on a bi-partisan basis) and Secretaries of six departments involved in human services.

The Task Force set its goals and objectives as follows:

1. To present recommendations to the Governor to effect more efficient and effective delivery of services. To accomplish the goal, the following activities were initiated:
 - a. Examination of the effectiveness of the present delivery system through meetings, workshops and study.
 - b. Review of programs considered to be human service programs.
 - c. Identification of areas for consideration for further study which would result in a more effective delivery system.
2. To consider the scope of its recommendations and the desirability of proposing legislation to establish a Department of Human Services.

During the first meeting of the Human Services Task Force on July 29, 1970, Mr. Rosenn charged the Task Force with a review of existing programs in light of the development of a more effective service delivery system. He stressed the need to focus attention on the goals of: (1) getting service to people when they need it, (2) providing service where they can most effectively take advantage of it, and (3) delivering the service in the way most appropriate to the situation of the individual.

Mr. Rosenn also indicated that the merging of top structure to put two or more departments together would not effect basic changes in delivery of services. Such action would not eliminate problems of fragmentation and administrative complexity due to the variety of programs administered at various levels of government under different laws, conflicting arrangements and diverse sources of funding. The result of this present chaotic situation is that the individual is victimized by its inconsistencies in attempting to find solutions to his problems. He pointed out that designing a reasonable and effective delivery system should precede the development of administrative and organizational structures.

The Chairman reviewed a number of studies which had been made during recent years and particularly called attention to a study published in January 1969, by the Community Services of Pennsylvania entitled, "To Better Serve the People". A summary of studies is attached. (Appendix A)

The Task Force appointed an Executive Staff Committee with representatives from the Departments of Health, Public Welfare, Community Affairs, Justice, Labor and Industry and Education. This Committee was requested to prepare material to enable the Task Force to:

- Define "Human Services".
- Review and inventory the human service programs of the Commonwealth.
- Summarize Commonwealth laws pertaining to human services.
- Summarize recommendations of previous studies of reorganization in human service related departments.
- Review Federal laws and programs relating to human service.

- Review pending Federal legislation.
- Develop a statement of principles for all human service programs in the Commonwealth.
- Identify major issues that must be considered in order to fulfill the principles.
- Analyze local delivery systems.
- Review the Commonwealth's Planning Programming Budgeting System and its relationship to the programs involved.
- Outline the most effective process for developing a genuine "human services" approach to deal with the problem of the people of the Commonwealth.

Subsequent meetings of the Task Force were held on August 6, 9, 31, and September 9, and 28, to examine and make decisions based on material developed by the Executive Staff Committee. Early in the process the Task Force realized they had before them an overwhelming task of gathering and sorting out information on numerous programs involving:

1. Different laws.
2. Different funding streams for each of the numerous programs.
3. Different levels of authority.
4. Different modes of service delivery..
5. Different traditions of service.

All these activities were performed within a very limited period of time, and some could not be completed with the allotted time schedule.

Sub-Committees

Five Sub-Committees were appointed to discuss problems relating to human services and overlapping areas which will require coordination.

Sub-Committees of the Task Force on Human Services were appointed to meet with task force sub-committees of other proposed new departments (Departments of Corrections and Environmental Resources).

The Sub-Committee on Corrections was unable to meet with the Task Force on Corrections. Copies of testimony given during open hearings of that task force were secured by the Task Force on Human Services.

Also, sub-committees were appointed to meet with the Department of Education, Labor and Industry and Community Affairs. Reports of the sub-committees are included in Appendix B.

Workshop with Voluntary Organizations

Because of the need to consult with the voluntary sector, a full day's workshop was conducted on August 19. Twenty-eight state-wide or major organizations representing professional and citizen groups interested in various aspects of human services were invited. Representatives of twenty-six of these organizations attended the workshop and many submitted position papers for the use of the Task Force. The following questions were discussed:

1. In the opinion of your organization, what are the principal problems in the present delivery system for human services? How well does it meet the needs of the people you serve?
2. What are gaps, deficiencies or duplications in the Commonwealth's program of human services? Does your organization have suggestions for their elimination?
3. What suggestions do you have to improve the quality of these services?
4. What organizational changes would improve the present system, and how could they be structured to allow for innovation?
5. Is a "one-door" service at the local level feasible and/or is a centralized and unified information and referral service possible?
6. How can we develop a service delivery system which will assure, in so far as possible, that an individual will get the service he needs regardless of his point of entry into the system?

Recommendations resulting from the workshop session emphasized the following:

1. Establishment of an advocacy group made up of citizens including consumers who would be independent of the department for the purpose of evaluating the effectiveness of the programs. This group would report directly to the Governor and the Legislature.
2. Reduction of the number of agencies providing human services. Although a "one-door" agency was considered not completely feasible, the reduction of the number of doors is necessary to produce effective service.
3. The development of service districts which could provide a full range of services but small enough to function with flexibility and responsiveness.
4. The development of "one-stop" information, referral and advocacy centers in each community which would have responsibility to assure that the applicant received appropriate services.
5. Greater participation in policy and planning by citizen and consumer groups.
6. Provision for greater integration of public and voluntary agency services.

For summary of workshop see Appendix C.

Copies of relevant testimony given at an open hearing on August 18, 1970, before the House Committee on Health and Welfare was shared with the Task Force.

Meetings with Regional Staff

A series of regional meetings with staff members from the Departments of Health, Public Welfare, Education, Community Affairs, Labor and Industry (Bureau of Vocational Rehabilitation) were held to receive suggestions concerning service delivery and organization. The Task Force met on August 31, with representatives of these regional committees for discussion of their reports.

Although one of the regional staff groups expressed opposition to the establishment of a Department of Human Services, all of them concurred with the following recommendations:

1. Regional offices should be strengthened and given flexibility in setting priorities directing programs within the region within broad policies set by the Central Office.
2. High priority should be given to establish a common eligibility standard.
3. Advisory Committees composed of citizens and consumers should be established for each service unit and for regional offices which would assure more responsiveness to the needs of the people served. These should be advisory and not policy making.
4. There should be annual review of organization and programs of various departments to assure elimination of fragmentation and duplication in the delivery of human services.
5. Client advocates should be placed in each service center.
6. One door service centers should be established for the provision of intake, information and referral and follow-up.
7. Geographic placement of services might follow a "catchment area" concept rather than adhering to present county jurisdictions.

A summary of Regional staff meetings is attached.
(Appendix D)

II

Conceptual Framework for Department of Human Services

The Task Force during its deliberations, developed the following concept of the Department of Human Services.

The Department of Human Services should exist to (1) coordinate and administer programs currently funded or those planned for future adoption and, (2) to predict and project new programs to meet the needs of the people of the Commonwealth.

The Commonwealth of Pennsylvania and the Department of Human Services should subscribe to the need for providing services to the public in an efficient manner so that the recipient may retain dignity and self-respect. This can only be effected by their full participation in the evaluation of the effectiveness of programs and delivery system.

The Department of Human Services should be responsive to the technical and/or direct human service needs of all people in order to relieve suffering or to enhance the quality of life. A planned systematic and synchronized approach to program planning, implementation and evaluation emphasizing societal and individual needs should be instituted.

In accordance with the concept of the new department, the task force established the following principles:

1. The human service delivery system should reflect the latest developments and approaches to service delivery; it should be designed to correct deficiencies arising from fragmented and categorical service delivery.
2. The human service delivery system should assure synchronized delivery of human services at the local level; it should provide for maximum collaboration among the various public and private resources of the Commonwealth.
3. Administrative and management structures at all

levels should flow from the service delivery structure; they should be flexible enough to allow for rapid adaptation to changing circumstances.

4. The Service delivery structure should be designed to encourage maximum utilization of the human services of the Commonwealth.
5. The administration of human services should assure coordinated statewide planning.
6. Notwithstanding the difference between geographical areas, the organization of human services should be designed to assure the highest quality of services possible for all citizens.
7. The organization of human services should assure that programs are made effective and responsive to local and individual needs.
8. Organizational structures should be designed and goals established so that service delivery, planning, evaluation, and program administration are each carried out at the most efficient and appropriate levels.
9. The organization for human services should provide for optimum consumer participation in program planning and evaluation, consumer participation should be used to assure that programs are administered in an atmosphere of trust, confidence, and responsiveness with a pervasive stance of advocacy for the individuals being served.

Issues to be Considered

The Task Force identified the following as major issues which need to be carefully considered in developing a new Department of Human Services:

1. The Problem of Defining Human Services. All programs which have a direct impact on individuals to relieve suffering or to enhance the quality of human life can be said to be "human services". This definition applies both to programs which are administered directly to individuals from a governmental agency or from an authorized agent thereof. Everyone agrees however, that not all such services will be included in the mandate of a department of human services. Therefore, some boundries of responsibility must be established for the new department.
2. The Nature of the Service Delivery System. Some services by their nature are best delivered locally; others are by nature best delivered centrally. For example, we would not expect neighborhood surgical units, but we have found mobile chest x-ray units to be highly effective. We might expect to have only one or two of certain types of chronic disease hospitals in the entire state. In some cases geographical, ecological or demographic factors may required varied arrangements. For example, mobile health units may be appropriate in rural areas and neighborhood units in urban areas.

Thorough examination of this issue will reveal which services should be always available close to a target group of people; which services should be available periodically on a local basis (e.g. two days a week); which services one should expect to go "downtown" to obtain, etc. This information is crucial to consideration of the nature of the delivery system.

3. Service Synchronization. Not all human services will be included in a new Department of Human Services. There will be many program areas where linkages within departments, between departments, and with private groups, must occur.

4. Organizational Structure - Type of Unification.
There are many ways we can "unify" an organizational structure. For example, a unified organization plan for human services could call for centralized planning, administration and service delivery. It could call for centralized planning, regional administration and local service delivery. It could call for centralized planning, local administration and local service delivery, etc.
5. Legal, Financial, Administrative and Program Complexity. Over the last thirty years government has been assigned responsibility for services in many new areas. The assignment of public responsibility in the health, social service and economic self-sufficiency areas has been a fragmented and uncoordinated process. Today we are faced with many relatively new public programs which are designed to relieve human suffering. They are carried out in large part by separate, sometimes competing, sometimes cooperating, sometimes conflicting service providers. In some areas the service providers serve the same people in the same ways. In other areas, there are different names for the service, different funding streams, different spheres of authority, duplicate administrative units, etc.
6. Conflicting Eligibility Requirements. Each agency working in the area of human services has had to deal many times with the issue of whom to include and exclude from its services. Involved in this issue are the questions: Do we try to reach everyone with this service regardless of economic status? Do we try to reach people with this service who need it but don't want it? Do we treat only the hopeful cases and ignore the seemingly hopeless ones? Do we deny publicly provided services to those who can pay for them, those who cannot, those who can but will not pay for them?

Given limited and restricted funds and a categorical approach to service possible courses of action were in the past narrowed considerably. Services were not extended to persons marginally above eligibility requirements (the very nearly poor, or the almost-aged, or the partially disabled).

Each department up to this time has directly or indirectly made some decision on this issue with

each program which it administers. If all human services are integrated into a single service system, parallel programs from different departments may find themselves together trying to reconcile their previous individual solutions to the problem.

It became evident to the Task Force during the review of the organizational structure and complexities of service delivery, that an administrative coordinating mechanism and a new design for program delivery is essential if a rational system for provision of human services is to be achieved. In order to avoid the present fragmentation, lack of coordination, different levels of administration and other program and organizational complexities, the Task Force believes that a new Department of Human Services should be created, accompanied by the necessary changes in state laws to effect a unified and synchronized administration.

III

Human Service Programs

Recommended for Inclusion

In considering services which might be realistically included in a new Department, the Task Force identified four major program areas. These are as follows:

1. Health and Medical Services
2. Mental Health and Mental Retardation Services
3. Social and Rehabilitation Services
4. Income Maintenance

These program areas are not mutually exclusive, and in considering a local integrated delivery system, distinct program lines could be merged in many instances to produce services which eliminate fragmentation and overlapping.

The Task Force reviewed various human service programs in the Departments of Public Welfare, Health, Community Affairs, Labor and Industry, and Education. An inventory was made of these programs in each department which identified Program Planning and Budget System category, organizational unit, delivery system, funding stream, legal mandate, and target groups. (See Appendix E). Federal and state categorical program designation and funding mechanisms make a viable system of service delivery difficult. Strategy to bring these together in a reasonable administrative structure will take considerable planning and restructuring to maximize use of personnel and funding resources.

The Task Force believes that (1) administrative structure should follow the design of a service delivery system and the inclusion of various human service programs should follow consideration of a restructure of integrated programs at the local level and, (2) that the major programs in the Departments of Public Welfare and Health, with the exclusion of those concerned with environmental control, should constitute the basic core of services in the new department. Health and social functioning are so interrelated in the individual that they cannot be considered as mutually exclusive entities.

To clarify the bases on which the Task Force made its decision to recommend inclusion of certain programs in the new department, these particular programs are discussed more fully below:

- A. Services for Delinquent Youth. Since a Subcommittee of this Task Force was unable to meet with the Task Force on Corrections, because of the latter's preoccupation with its own hearings, and the inability to analyze, discuss and review the complex problems involved in the time allotted, the Task Force strongly recommends that Services for Delinquent Youth, including Youth Development Centers, Youth Forestry Camps and Youth Development Day Treatment Centers remain with the Department of Public Welfare pending further study.

Moreover, this Task Force has ascertained that the Juvenile Delinquency Prevention and Control Act of 1968 provided funds specifically for Juvenile Delinquency Programs. The Pennsylvania Criminal Justice Planning Board, early this year, at the request of the Department of Justice, and the Department of Public Welfare entered into an agreement to develop a comprehensive plan for Juvenile Delinquency Services in Pennsylvania. Studies in depth to develop this plan are presently under way and it is expected that the results and recommendations will soon be available. The National Institute of Mental Health and the U. S. Children's Bureau Joint Report on Juvenile Delinquency to the 86th Congress stressed that factors related to juvenile delinquency are so complex that "only extremely well-coordinated" planning and programming can be effective.

The Task Force has also reviewed testimony given at public hearings held by the Task Force on Corrections. The Task Force believes that such an important matter merits a complete study and full consideration which could not be accomplished during the short life of this Task Force. Youth delinquency is the result of social and psychological problems and its treatment should be integrated with services available in other human services programs.

This Task Force, therefore, believes that it should withhold its recommendations as to Delinquent Youth Services until it has before it a comprehensive state plan and the study made by the Department of Public Welfare in agreement with the Pennsylvania Criminal Justice Planning Board, and the study and recommendations undertaken in their behalf by Government Studies and Systems, Inc. These should be available by July 1, 1971, and definitive recommendations could be made more appropriately by the Task Force at that time. Meanwhile, services for delinquent youth should remain with the Department of Public Welfare.

- B. Vocational Rehabilitation. The administrative responsibility for Vocational Rehabilitation Programs in Pennsylvania is presently divided between two departments. The Bureau of Vocational Rehabilitation in the Department of Labor and Industry administers the general rehabilitation program. The Bureau of Visually and Physically Handicapped in the Department of Public Welfare administers the rehabilitation program for the visually handicapped. The major source of funding for both of the programs is the Federal Vocational Rehabilitation Act. To provide a strong unified program of rehabilitation for all handicapped citizens of Pennsylvania, the Task Force recommends that these programs be merged into a single administrative unit in the new department. Such an administrative arrangement would conform to the Federal "single agency" concept, thus eliminating the problems created by the present split arrangement. A similar recommendation was made in December 1968 by the Vocational Rehabilitation Commission in its report entitled, "The Comprehensive Vocational Rehabilitation Plan for Pennsylvania".

If the process of rehabilitation is defined broadly to mean the provision of whatever services are necessary to help the handicapped individual to achieve and maintain his maximum functional capacity, then the similarity of goals among several state human service programs becomes clear.

The 1962 and 1967 amendments to the Social Security Act, affecting Public Assistance titles, provided social service resources to improve the functional

capacity of socially and economically handicapped persons. Federal Public Assistance regulations require cooperative arrangements between the State Vocational Rehabilitation and Public Assistance Programs. Recent amendments to the Vocational Rehabilitation Act have broadened the scope of this program to include persons with social and mental as well as physical handicaps. The rehabilitation objectives in the Vocational Rehabilitation Program are no longer limited to that of gainful employment. (e.g. providing services to enable a handicapped housewife to perform her normal household role is now considered a feasible rehabilitation objective). The state and federal programs for the mentally ill and retarded and for crippled children also have as goals the maximization of functional capacity. The Task Force is convinced that the inclusion of a strong rehabilitation component in the new Department of Human Services will greatly benefit those it is designed to serve. For example, the potential for rehabilitation of the mentally retarded, both in institutions and in the community, is great. With strong emphasis on rehabilitation many of these persons could return to or remain in the community as contributing members of society.

The obvious interrelatedness of these several program functions reinforces the Task Force recommendation that the vocational rehabilitation function be included in the new department.

- C. Related Health and Sanitation Programs This Task Force agrees in principle with the statement that programs concerned with environmental control are not appropriate for inclusion in the proposed Department of Human Services. However, there are certain programs which are currently administered by the Bureau of Housing and Environmental Control in the Department of Health which should receive further consideration because of their close relationship to public health functions and needs. These programs are currently located in the Division of Occupational Health, Division of Recreational Sanitation, Division of Housing and Institutional Sanitation and Division of Food Protection of the Department of Health.

Certain general sanitation services are essential components of local public health programs. Therefore, it is recommended that selected elements and functions within the Bureau of Housing and Environmental Control remain with other public health services in the Department of Human Services.

The program subcategories which should be retained are those which have distinct medically-related components or those related directly to local communities and individuals and their health. These would include the Occupational Health Program, the on-lot water and sewerage components of the Water and Sewerage Programs, the Food Protection Program, the Recreational Program, the Institutions and Schools Program, the Vector Control Program and the Housing Program.

Epidemiologic investigation of disease outbreaks and prevention of disease outbreaks require a teamwork approach including physicians, sanitarians and nurses. Often an immediate response is required as well as extended periods of close interrelated efforts. Examples of this occur in the Food Protection Program (caterers and food service facilities), the on-lot water and sewerage components of the Water and Sewerage Programs, the Recreational Programs (camps and camp grounds), Institutions and Schools, Housing (migrant worker camps and family disease outbreaks), and the Vector Control Program.

Although much technical engineering knowledge is required in the Occupational Health Program, this program has the primary purpose of protecting the personal health of the individual employee. All other aspects of the program contribute to this goal. Employee Health Services which is part of the Occupational Health Program is directly related to the personal health of State employees..

It is believed that separation of these programs from the medical public health programs would decrease the quality and scope of services available to the people of this Commonwealth. In view of the need for greater efficiency in the delivery of health care services at the local level, their continued relationship with public health functions is essential.

Appendix F, developed by the staff, suggests functions which might be included or excluded in the new department. However, final decisions should follow further study in light of their relationship to service delivery.

Where human service functions remain with existing departments, adequate collaborative mechanisms should be developed so that the consumer has access to such services without fragmentation or confusion.

Recommended for Further Consideration

Among other programs reserved for further consideration the Task Force identified the following programs which should be considered for study in determining the appropriate departments to which they should be assigned:

- A. School Health. At present the Departments of Health, Education and Public Welfare have an input into this program. Expertise and funding sources are presently available in the Departments of Health and Public Welfare. This program should be explored as to its proper administrative placement in state government.
- B. Nutrition, School Lunch and Government Donated Food Programs. These programs should probably be integrated in one unit. This would involve transferring the government donated food program from the Department of Property and Supplies and the School Lunch Program from the Department of Education.
- C. Manpower Training Programs. These programs, currently in the Departments of Education, Labor and Industry, Public Welfare and Community Affairs, need to be reviewed for possible integration into one department. Some programs, such as the Neighborhood Youth Corps, New Careers and Commonwealth Careers Programs which are essentially in-service training programs in the Department of Public Welfare, and the W.I.N. (Work Incentive Program) for which Federal law

divides responsibility between the Departments of Public Welfare and Labor and Industry (Bureau of Employment Security) may not be adaptable to a one-department approach.

- D. Employment Services. Employment services given by the Bureau of Employment Security in the Department of Labor and Industry should be an integral part of a synchronized service delivery system. Immediate availability of employment counseling and job placement could reduce the number of persons needing public assistance. Unemployment compensation is directly related to income maintenance programs, and a single administrative arrangement would probably assure much better coordination between social insurance and public assistance payments.

- E. Social, Educational and Health Related Programs. A number of social, educational and related programs are administered in the Bureau of Human Resources, Department of Community Affairs. Technical Assistance for Headstart and Office of Economic Opportunity service programs might logically belong in other departments. Administration of the Neighborhood Assistance Act and cash grants to Community Action agencies, both of which support social, educational and health services, are a part of local service delivery.

- F. Governor's Branch Offices. This program, currently administered by the Department of Public Welfare, was established by Executive Order of the Governor to provide a neighborhood level channel through which the problems and complaints of citizens, particularly those of the economically and racially disadvantaged, could receive prompt attention and follow-up to assure that needed services were given. The Task Force affirms the continuing need for prompt response to human needs and for a strong component of advocacy in behalf of all citizens and believes that both of these elements can be included in the proposed synchronized local delivery system of the new department.

- G. Other Considerations. The Task Force considered several

programs and functions that merit further review and study in developing a comprehensive plan for the organization of human services:

1. Certain County administered programs, such as County Mental Health/Mental Retardation and County Child Welfare programs should be reviewed during the study period to determine the feasibility of transferring these programs to state administration so that service delivery might be fully coordinated.
2. The present structure of Boards and Commissions should be reviewed. These should be combined, eliminated or revised to conform to the powers and duties and administrative structure of a new department. Advisory Committees composed of citizens and consumers should be established at all levels of administration to provide for maximum participation of citizens in evaluation and policy determination in the functioning of a new department.
3. A new department should provide for a strong element of planning, research and evaluation of programs carried out by the department. This should encompass review of program effectiveness, cost relatedness, and development and experimentation with innovative programs.
4. A new department should provide for a strong unit in the area of human services staff development and training. Unless the Department provides capable staff to deliver quality services, any changes in organization will be in vain.
5. A design for local centers for core services, administered by the department, including intake, information and referral services should be developed. These centers should be structured to assure that the needs of persons seeking services are met, and to assist applicants in the utilization of available services, both public and private. Voluntary agencies might be asked to assist in providing staff for these services.

6. Consideration should also be given to certain services, presently administered by Commonwealth agencies, which might be discontinued in light of newer arrangements and funding for services which are now available.

RECOMMENDATIONS

The Task Force, therefore presents the following recommendations:

1. A Department of Human Services should be created. The Task Force concludes that in order to achieve maximum collaboration of various state programs of services to people, a department with overall responsibility in this area should be organized. Such a department should be established by enabling legislation to become operational July 1, 1972.
2. A Legislative-Executive Committee should be created in order to recommend objectives, structure, inclusions or exclusions of programs and other matters relating to the organization of the new department. This Committee should be supported by an appropriation for consultative services to be made available to it.

A study should be directed toward an implementation plan to be delivered to the Governor and the Legislature by January 1, 1972. In the development of this plan, staff groups from the various departments concerned should participate with the consultants in a joint effort to design and experiment with a service delivery system and to propose an administrative structure which would achieve a responsive synchronized system to meet the needs of the people concerned.

3. The Task Force proposes legislative action, either in the form of an Act or a Joint Resolution, to create a Legislative-Executive Committee which would implement the foregoing recommendations. Proposed legislation is attached. (Appendix H)

STUDIES ON STATE ORGANIZATION
AFFECTING PENNSYLVANIA
HEALTH AND WELFARE SERVICES

APPENDIX A

November 7, 1952

RECOMMENDATIONS TO THE GOVERNOR'S STATE GOVERNMENT SURVEY COMMITTEE
ON CHANGES IN ADMINISTRATION OF HEALTH AND WELFARE SERVICES -
BY STATE SERVICES COMMITTEE OF THE PENNSYLVANIA CITIZENS ASSOCIATION

The following recommendations were ranked in order of importance:

1. Immediate adoption of an effective merit system for health and welfare personnel.
2. Immediate transfer of State-owned general hospitals, as indicated, from the Department of Welfare to the Department of Health; and the other specified institutions to Welfare for orderly liquidations.
3. Immediate launching of projects for additional study of subsidies to private agencies and institutions and the problem of local government organization for health and welfare, with reports of recommendations and a program of remedial action scheduled by 1955.
4. Immediate efforts to increase fee collections in State-owned institutions.
5. Change of boards of trustees from administrative to advisory bodies completed by January 1, 1954.
6. Organization of the new Health and Welfare Administration completed by January 1, 1956.

February 11, 1953

THE STATE GOVERNMENT SURVEY COMMITTEE REPORT
(CHESTERMAN REPORT)

The primary recommendations of the State Government Survey Committee regarding the Departments of Health, Welfare, and Public Assistance are summarized as follows:

The above three departments and the Bureau of Rehabilitation from the Department of Labor should be merged into a proposed Health and Welfare Administration. The superintendents of the State-owned institutions should be responsible directly to the heads of the respective departments. The ten State-owned medical and surgical hospitals should be transferred to local financial responsibility and management. The Soldiers' and Sailors' Home at Erie should be discontinued. A long range program of research and planning should be instituted in the field of prevention of mental illness, crime, dependence and other social ills. A classification center should be established immediately as part of the correctional system.

September 12, 1956

REPORT OF THE PENNSYLVANIA CITIZENS ASSOCIATION
TO THE 1956 COMMISSION ON GOVERNMENTAL REORGANIZATION

Summary of Recommendations:

1. Include in an overall state reorganization plan designed to reduce the number of executives reporting directly to the Governor and to increase inter-departmental coordination, the establishment of a Health, Welfare and Correction Administration with the following internal departments:

HEALTH: Including all functions currently the responsibility of the Department of Health; and, in addition, the supervision of the school health program, state responsibility for the planning and construction of medical facilities, the administration of subsidies to hospitals, the licensing and supervision of private medical and surgical facilities, the establishment and maintenance of medical standards in all other units of state and local government, and pending implementation of Recommendation 5 below, the administration of state-owned medical and surgical hospitals.

SOCIAL WELFARE: including all functions currently the responsibility of the Department of Public Assistance, the functions of the Department of Welfare except Mental Health and those health functions which are specifically recommended herein for transfer, and the existing responsibilities of various units of state government in the field of recreation.

MENTAL HEALTH: all statutory responsibilities of the Commonwealth in this field and the establishment and maintenance of mental health standards by local health and welfare units.

CORRECTION: the functions currently administered by the Bureau of Correction, Department of Justice.

MANAGEMENT AND SERVICE: program planning, administrative coordination, fiscal controls, institutional management, procurement and other service functions designed to produce a comprehensive and integrated health, welfare, and correction administration involving all departments.

2. Place all personnel of the HWC Administration under a merit system, except the Administrator, Assistant Administrators, and the Secretaries of the Departments.
3. Adopt specified principles regarding state subsidies to private institutions and agencies.
4. Authorize and direct county governments to form county-wide local welfare units to provide unified local administrative direction for certain specified functions.
5. Transfer the ownerships and administration of each of the state-owned medical and surgical hospitals to the local health and/or welfare unit in whose area it is situated.

February 9, 1959

REPORT OF THE GOVERNOR'S COMMITTEE ON MERGER
OF THE DEPARTMENTS OF WELFARE AND PUBLIC ASSISTANCE

SUMMARY OF RECOMMENDATIONS

1. The Department of Public Welfare should be so organized as to provide specialized units for each of its major program areas, coordination of all activities by the Office of the Secretary, and maximum possible integration of all welfare activities, public and private, at the local level. (Program offices recommended were: Mental Health, Public Assistance, Children and Youth, Blind, Aging, General and Special Hospitals).
2. A Department-wide merit system of personnel should be established. This system should recognize the special needs of the Department of Public Welfare. Only the Secretary and his principal aides should be excluded from the merit system.
3. Direct appropriations to private agencies and institutions should be replaced by a system of purchase of services and reimbursement to local public agencies.
4. The ten State-owned general hospitals should be transferred promptly to local ownership. Uniform standards should be applied to all similar medical institutions.
5. An advisory committee for each major program area and an advisory board for the total Department should be established in place of the various boards, committees and commissions now attached to the central headquarters of the Department.
6. Responsibilities in the fields of child care, juvenile delinquency, and veterans services should be reorganized to become part of the unified welfare program.
7. Local administration of welfare functions should be made part of the structure of county government with state and local financing, operating under standards established by the State. A special legislative commission should be established to develop a detailed plan for this.
8. In addition to the legislation required by the specific recommendations in this report, the state's various welfare laws should be codified.

October 1962

PUBLIC ASSISTANCE IN PENNSYLVANIA
A CITIZEN INQUIRY IN TWELVE COUNTIES
A REPORT BY THE COMMITTEE ON PUBLIC ASSISTANCE OF THE PENNSYLVANIA CITIZENS COUNCIL
(FINANCED BY THE CONNELLY FOUNDATION)

Summary of recommendations

1. Integration of the administration of public assistance and child welfare services particularly, would seem to be needed at the local level. Thereafter, a closer relation between public welfare services and those offered by voluntary agencies could and should be more adequately developed. Moreover, the function of the State administration seems to be widely appreciated as regards setting standards and securing compliance.
2. Income maintenance under the Public Assistance program needs to be much more effectively supplemented by skilled services to applicants for assistance to help them attain or retain independence and the capability of self-care. Personnel policies for social workers must be modified accordingly.
3. There should be periodic redetermination of the standard of health and decency under as objective and scientific procedures as are available and made by knowledgeable persons from outside the Department of Public Welfare.
4. Administrative requests for appropriations from the legislature should be realistic and adequate, under the standards adopted by the Department of Public Welfare, for carrying on the program throughout the budgetary period.
5. Greater emphasis needs to be placed upon the training or retraining of unemployed persons on public assistance roles.
6. Information as to the problems and progress of public welfare administration, especially public assistance, should be made available to the public more effectively than at present, so that interest in and knowledge of the program may be maintained by citizens.

May 15, 1963

A REALLOCATION OF PUBLIC WELFARE RESPONSIBILITIES
THE STATE AND LOCAL WELFARE COMMISSION
DEPARTMENT OF PUBLIC WELFARE
COMMONWEALTH OF PENNSYLVANIA

Summary of Recommendations

Public Welfare services shall be made available adequately and equitably for all who need them, regardless of place of residence, and regardless, ethnic, social or economic status.

I. Local Administration

- A. Public welfare services, as those services are presently, or may in the future be defined by the General Assembly, shall be made available through county departments of public welfare in conformity with Federal and State standards and regulations.
- B. County Departments of Public Welfare - Powers and Duties.
- C. Boards of Public Welfare. Each county shall have a Board of Public Welfare.
- D. County Director of Public Welfare - Duties
- E. County Government - Function

II State Department of Public Welfare

- A. The State Department of Public Welfare shall assure the availability and equitable distribution to all who need them of adequate public welfare services, as those services are presently or may in the future be defined by the General Assembly. It is the State agency designated to conduct relationships with the Federal Government in the field of public welfare.
- B. Powers and Duties
- C. Organization

The State Board of Public Welfare shall continue in its advisory capacity to the Secretary, the Governor, and the General Assembly. There should be close liaison between the advisory committees to the program bureaus and the State Board of Public Welfare.

The Secretary shall supervise the entire program of the State Department of Public Welfare through a Central Office to include certain specified bureaus and units and through Regional Offices, each of which shall have as its head a Regional Director who shall be directly responsible to the Secretary, in carrying out specified Department functions.

III. Financial

The Commission recognizes that the plan for the allocation of local and state responsibilities for public welfare may be executed without any change in the current financial alignment. It nevertheless recognizes that a reassignment of financial responsibility is desirable and makes certain specified recommendations.

A STUDY OF THE MANAGEMENT AND ADMINISTRATION OF THE
PHILADELPHIA COUNTY BOARD OF ASSISTANCE
FOR THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE
GREENLEIGH ASSOCIATES, INC.

Summary of Recommendations

1. The Role of the CBA should be statutorily clarified.
2. The staff complement at the executive level in headquarters should be increased and there should be a realignment of functions.
3. More adequate and better located physical facilities should be made available to the District Offices. Staff complement should be increased.
4. There should be an expanded staff development, and training programs should be developed for all levels of staff to improve their capabilities.
5. There needs to be a separation of the eligibility determination function from the services function.
6. The executive director of CBA should consider one of his first responsibilities the interpretation of the CBA to the community.
7. There should be regular staff meetings at all levels, and an effort should be made to open the lines of communication from district offices to headquarters.

December 1968

THE COMPREHENSIVE VOCATIONAL REHABILITATION PLAN FOR PENNSYLVANIA, VOLUME I
STATE WIDE PLAN
VOCATIONAL REHABILITATION PLANNING COMMISSION

Summary of Recommendations on Organization Structure Designed to Realize the Plan's Goals.

RECOMMENDATIONS

1. This commission recommends and encourages the governor and the legislature to establish a Department for Human Services which would include appropriate functioning programs in state government that are responsible for delivering services to people in trouble.
2. This commission recommends and encourages the governor and the legislature, as a first step in the goal of creating a Department for Human Services, to enact legislation merging the Departments of Health and Public Welfare into a single state agency.

3. This Commission recommends and encourages the governor and the legislature to include the function of vocational rehabilitation in the Department of Human Services. Specifically, the commission recommends that the State Board of Vocational Rehabilitation be transferred from the Department of Labor and Industry to a Department of Human Services.
4. The commission recommends that the governor create six Regional Offices for Human Services.
5. The commission recommends that the Regional Office have full authority to integrate the human services systems under guidelines developed by the Department. The Regional Director shall be responsible for the administration of all human services programs supported by public funds in the region and shall report directly to the secretary of the Department.
6. The commission recommends and encourages the governor to appoint regional advisory committees that are composed of representatives of private agencies, citizen groups and consumers of service. The advisory committees should be attached to the regional offices and should make recommendations to the directors on the program needs in the region and the establishment of priorities. The advisory committee should be served by various subcommittees in the regions that express the points of view of the communities in the region.

January 1969

TO BETTER SERVE THE PEOPLE: A SOCIAL POLICY POSITION FOR
STREAMLINING HEALTH AND WELFARE DELIVERY SYSTEMS
COMMUNITY SERVICES OF PENNSYLVANIA

Summary of Recommendations

1. Services should be adequately and equitably available to all who need them.
2. It is the fundamental responsibility of state government to assure that these services are available.
3. Public policy development and standard-setting are state responsibilities.
4. Services should be planned, administered, and delivered on a people-- and problem-centered basis.
5. State-level health and welfare functions should be consolidated to the fullest extent feasible in one department under a single secretary.

6. State-level authority and responsibility should be delegated, as appropriate, to regional offices within a comparable framework of program consolidation.
7. Services should be delivered at the local level by a single unit for county or multi-county geographic areas within the framework of responsibility and authority established by the State.
8. Consolidated delivery of services at the local level including those programs now operated by county government, will be achieved most effectively and efficiently within a framework of State administration followed by decentralization of authority to regional and local units through a single line of state management.
9. Government programs will serve the public interest best by providing channels for independent citizen review and evaluation of the manner in which Pennsylvania is discharging its health and welfare responsibilities at state and local levels.
10. Federal, State, and local governments should all participate in financing the programs on a consistent basis subject to their relative abilities.
11. Public programs should be planned and delivered with a view to maintaining a strong and effective partnership with the voluntary system in meeting human needs.

April 9, 1969

REORGANIZATION OF HEALTH SERVICES PENNSYLVANIA HEALTH
COUNCIL, INC.

Recommendations

To accomplish the establishment of a Comprehensive Health and Mental Health coordinating agency the following recommendation is made.

It is recommended that the following offices be transferred from the Department of Public Welfare to the Department of Health.

- (1) Deputy Secretary for Mental Health and Mental Retardation
 - (a) Office of Mental Health
 - (b) Office of Mental Retardation
- (2) Office of Medical Services and Facilities
 - (a) Bureau of Medical Policies and Standards
 - (b) Bureau of Hospital Standards and Supervision
 - (c) Bureau of Medical Facilities Planning
 - (d) Bureau of Adult Institutions
 - (e) Bureau of State Owned Institutions

(3) Institutions

- (a) For Mental Health (including D + E Centers and Eastern Mental Health Center)
- (b) For Mental Retardation
- (c) For State General Hospitals

SUMMARY OF
TASK FORCE
SUBCOMMITTEE REPORTS

APPENDIX B

SUBCOMMITTEE ON COMMUNITY AFFAIRS

The subcommittee recommended regarding the housing responsibilities of the Department of Community Affairs that:

1. Housing functions as currently performed by the Department not be transferred to a proposed Department of Human Services.
2. Action be taken to coordinate the housing activities of the numerous state agencies.
3. The new department fully cooperate with existing agencies and committees presently coordinating housing activities.

The subcommittee recommended regarding the programs administered by the Department's Bureau of Human Resources that:

1. The Neighborhood Assistance Program remain with the Department of Community Affairs.
2. The manpower programs (M.E.A.T. and O.J.T.) be considered for inclusion with other manpower programs funded and operated by state agencies whether in a new Department of Human Services or in an existing agency.
3. Decision on placement of the Cash Grant to Community Action Program be postponed until the functions and responsibilities of the proposed Department might be more clearly delineated.

The subcommittee discussed the role of a state agency as an innovator and demonstrator. Presently the Bureau of Human Resources sometimes functions in the capacity of developing a demonstration program which, after showing its potential for successful operation, can then be transferred to another agency. This role of innovation, stimulation and demonstration was felt to be extremely valuable, and the subcommittee recommended that such a role be provided for either the new department or in a separate department whose organizational flexibility might permit the performance of such a role.

The subcommittee felt that the particular organization and operation of the Department of Community Affairs' Model/Partner Cities Program provided a model for the creation of the proposed Department of Human Services. The emphases in Model/Partner Cities on regionalism, the regional task force approach to providing technical assistance to communities, and the citizen participation element of the program have aided in marshalling federal, state, and local resources to attack problems in the community.

The subcommittee felt that these concepts might be incorporated in the organization and operation of the new Department.

SUBCOMMITTEE ON EDUCATION

The subcommittee on Education recommends the following:

1. The programs of manpower training, vocational rehabilitation, and income maintenance programs should be given thorough study. This study should focus on the goal to combine all related programs under one administrative unit. The question posed is not where should they be placed, but rather, how can they be combined for effective utilization of funds to meet the needs of people.
2. The organizational structure of any new governmental agency should emanate from the delivery system.
3. An interdepartmental council or commission should be established to synchronize programs.
4. Programs, regardless of placement or location for administrative purposes, which have educational components that relate to trainable or educable children or which provide educational programs to meet basic educational requirements, should be planned in cooperation with and operated under the auspices of the Department of Education. The following programs appear to be in this category of programs: crippled children's and tuberculosis hospitals, mental hospitals, state schools and hospitals for the retarded, youth development centers, youth forestry camps, youth day treatment centers, day care centers and head start.
5. The committee recommends the following programs for inclusion in the Department of Human Services:

- Community Vaccination Project
- Venereal Disease Control
- Communicable Disease
- Tuberculosis Control
- Dental Health
- Alcoholism Studies and Rehabilitation
- Chronic Diseases
- Maternal and Child Health
- School Health
- Drug Control
- Restoration Centers
- Service to the Aging
- Protective and Legal Services for Children and Families
- Remedial Eye Care
- Prevention of Blindness
- Blind Stands and Business Enterprises
- Vocational Rehabilitation for the Blind
- Home Teaching for the Blind
- Medical Assistance
- School Lunch Program
- Special Milk Program
- School Breakfast and Non-Food Assistance
- Special Food Services

Purpose

To examine the relationship of the Bureau of Vocational Rehabilitation, Department of Labor and Industry, to other departments, bureaus and agencies in state government which provide services to individuals. To further examine the prospects or potentials inherent in the inclusion of the Bureau of Vocational Rehabilitation and the Bureau of Employment Security in the proposed Department of Human Services.

BVR-BVPH Relationship with Department of Education

The Department of Education through its Bureau of Special Education provides financial resources for handicapped individuals pursuing higher education. The Bureau of Vocational Rehabilitation and Bureau of Visually and Physically Handicapped in cooperation with the Bureau of Special Education obtain for their blind and deaf students financial resources annually not to exceed \$500 per school year. At the present the major portion of the activities of the Bureau of Special Education are directed toward the blind, however, that Bureau in recent years has placed a growing emphasis on expanded resources for the deaf.

A question was raised as to whether or not the financial resources for education, presently provided through the Department of Education, might better be located with the Bureau of Vocational Rehabilitation or Bureau of Visually and Physically Handicapped. In pursuit of an answer to this question, Messrs. Kebach and Beistline were requested to attempt to further clarify the circumstances under which the particular resource in question is or can be provided. Messrs. Kebach and Beistline determined that only Mr. Kebach would pursue this question.

Limitations of Programming

The question was raised as to whether the present emphasis on the vocational

aspects of rehabilitation should be expanded to include an area of social rehabilitation.

Admittedly the vocational rehabilitation programs of both Bureau of Vocational Rehabilitation and Bureau of Visually and Physically Handicapped are primarily oriented to serving those individuals who are thought to have potentials for substantially gainful employment. It was pointed out that if either or both Bureaus were to expand their rehabilitation concepts to include social areas, major increases in personnel and budgets would be required.

A minimal amount of social rehabilitation is available to the visually handicapped and blind as the result of a case service program in the Bureau of Visually and Physically Handicapped. These case services are utilized for visually handicapped individuals at such time as it is determined that those individuals have no potentials to be developed within the concepts of the Vocational Rehabilitation Program.

Should the Bureau of Vocational Rehabilitation have a similar casework service program as a tangent to its present vocational rehabilitation activities? In response, it was pointed out that here again substantial personnel and budget increases would be needed.

Inclusion of BVR and BES in Human Services Structure

It was pointed up that both the Bureau of Vocational Rehabilitation and the Bureau of Employment Security in the Department of Labor and Industry have strong working agreements with a number of other departments and bureaus engaged in the provision of human services.

There are strong indications that while BES is primarily engaged in the provision of services to individuals, these services have an extremely strong tendency to be economically or industrially oriented, thereby supporting a continuing relationship with the Department of Labor and Industry.

BVR in its close working relationship with BES presents a similar image

insofar as the program concepts and objectives are closely tied to the provision of services that lead to an individual's opportunity for gainful employment.

Vocational Rehabilitation for the Blind

The subcommittee examined the basic reasons for the vocational rehabilitation services for the visually handicapped and blind being a program separate from rehabilitation services for all other handicapped individuals.

Mr. Beistline stated that, historically vocational and other services for the blind, have been separated due to the concept that services to this disability group require special expertise not usually found adequate in more general bureaus and agencies. It was further noted that readily available evidence indicates that in states where vocational rehabilitation for the visually handicapped and blind is provided through separate bureaus or agencies a greater quantity and quality of vocational rehabilitation is available to this group.

Mental Health and Other Disability Groups

During the course of the meeting it was developed that working agreements between Mental Health/Mental Retardation in the Department of Public Welfare and the Bureau of Vocational Rehabilitation in the Department of Labor and Industry tend to keep separate vocational rehabilitation and other related services concerned with mental disabilities and those with other non-mental handicaps. Mr. Rosenn requested that the agreement referred to between the Department of Labor and Industry and the Department of Public Welfare be made available for the examination by his task force.

In the matter of separating disability groups, Mr. Kebach pointed out that experience has already demonstrated that mixing the severely mentally disabled and those otherwise disabled does not result in a program genuinely advantageous to either category of disability.

It should be further noted that the Bureau of Visually and Physically Handicapped in cooperation with the Office of Mental Health and Mental Retardation, Department of Public Welfare, also subscribes to the concept of separation of mental health/mental retardation clients from others. This concept has been pursued to the extent that a specialized service unit, operated cooperatively by the Office of Mental Health and Mental Retardation and BVPH has been established at the Pennhurst State School and Hospital. A referral system has been developed which enables other state schools and hospitals to make referrals into the Pennhurst Program. BVPH also provides limited staff resources in cooperation with the staff at Pennhurst for the primary purpose of establishing employment opportunities when an individual client is deemed ready to accept gainful employment.

Migrant Problems

During the course of the meeting questions were raised concerning any relationship that might exist between the provision of services to migrants and the provision of vocational rehabilitation and other related services.

Mrs. Fahnestock was invited into the meeting to discuss the migrant problems. She indicated that the most sensitive area is that of the work activities of 16-17 year old youngsters. She reported that legislation was being prepared for introduction that which would somewhat liberalize the present restrictions on the hours of employment for these youngsters, particularly during the summer months. She expressed the hope that this legislation would alleviate to a great degree some of the present problems.

No discussions were initiated concerning the possibility of the migrant services, line Bureau of Vocational Rehabilitation and Bureau of Employment Security being made part of the Human Services Department or structure.

Conclusions

The meeting concluded with mutual agreement that BVR may indeed be a potential component for the Department of Human Services. It was clearly noted, however, and mutually agreed that the integration of or assignment of BVR to such a Department of Human Services should be held in abeyance until such time as the new human services structure has considerably more definition and visibility.

A primary concern in such an integration action is that the operational and financial structures of BVR should not be damaged to the extent that it renders this program less efficient and less effective than it now is. In the matter of efficiency and effectiveness, Secretary Robb pointed out that the Bureau of Vocational Rehabilitation has been the national leader in vocational rehabilitation for many years. It is vitally important that the capacities to retain such national leadership and recognition be maintained regardless of the administrative structure or department to which the Bureau of Vocational Rehabilitation may be assigned.

No substantial conclusions were reached concerning the future relationship of the Bureau of Employment Security to the proposed new department.

SUB-COMMITTEE ON ENVIRONMENTAL RESOURCES

At the meeting, it was disclosed that the Task Force on Environmental Resources does not plan to meet until legislation has been drafted. The Subcommittee decided to proceed and to discuss the issues and problems involved which would affect the activities of the Task Force on Human Services.

The question was raised concerning whether all functions as they currently exist in Environmental Protection in the Department of Health would be transferred to the new Department of Environmental Resources. After considerable discussion and differences of opinion, it was decided that this Subcommittee would recommend the transfer of all functions in Environmental Protection to the Department of Environmental Resources with the exception of the Employee Health Services functions in the Division of Occupational Health.

It was noted that additional portions of administrative support functions would be required in the creation of a new Department of Environmental Resources.

SUMMARY OF
WORKSHOP ON
HUMAN SERVICE DELIVERY

APPENDIX C

Emphasis in the workshop discussions was placed on the delivery of services at the community or local level rather than on the organizational structure of a new Department of Human Services. The following components of such a delivery system were proposed and discussed:

THE REDUCTION AT THE STATE LEVEL OF AGENCIES PROVIDING HUMAN SERVICES.

This could be achieved by the establishment of the proposed Department of Human Services. It was even suggested that the state agency be the only one to provide such services; that voluntary and private agencies could be more effective in research, developing pilot programs, and as a supplemental arm to government. One person, felt that the "one door" concept would not be desirable, but would, instead, reduce competition, create lethargy and cut down on growth. He felt that competition might help to raise the level of services. Most participants concurred, however, that the number of doors must be reduced if effective service was to be provided.

THE ESTABLISHMENT OF SERVICE DISTRICTS.

It was recommended by one of the workshop groups that the Commonwealth be divided into districts, each district being large enough that the Department of Human Services could provide a full range of services and yet small enough so it could function with flexibility and responsiveness.

The group felt each district should develop a service and funding plan which reflected the particular needs of that district. One workshop participant questioned the effectiveness of regionalization, noting that he felt the record showed it to be effective in some cases and ineffective in others.

THE ESTABLISHMENT OF ONE-STOP HUMAN SERVICES CENTERS AT THE COMMUNITY LEVEL.

It was proposed that such centers operate on intake and referral service, and where appropriate, house a variety of public and private human service agents. Such centers would have to be easily accessible to those being served. One discussion group emphasized that this intake service not be limited to diagnosis and referral, but also serve as a broker and advocate.

Other proposals made by workshop participants included (1) making funds available to both public and private agencies for demonstration projects, (2) studying staff qualifications requirements and developing a system of personnel training for the new agency's staff, (3) standardizing eligibility requirements for human services recipients to insure that gaps in the delivery system do not occur, (4) treating health and medical care activities as a single component of a new Department, (5) strictly enforcing existing housing, health, and consumer protection laws, (6) creating human services "brokerage houses" to reduce the confusion and competition that arises from the varied federal funding eligibility criteria, and (7) having government purchase more services from outside organizations, industry, and colleges and universities.

Workshop participants did agree that any delivery system that is established must be simplified and coordinated, flexible, and easily accessible at the local level.

GOVERNOR'S TASK FORCE ON HUMAN SERVICES
Workshop for Delivery of Human Services

List of Organizations Invited

Community Action of Pittsburgh, Inc.

Community Services of Pennsylvania

Health and Welfare Association of Allegheny County

Health and Welfare Council, Inc. - Philadelphia, Pa.

Pennsylvania AFL-CIO

Pennsylvania Association for the Blind

Pennsylvania Association for Community Action

Pennsylvania Association of Non-Profit Homes for the Aging

Pennsylvania Association for Nursing & Convalescent Homes

Pennsylvania Association of Older Persons

Pennsylvania Association for Rehabilitation Facilities

Pennsylvania Association of Retarded Children, Inc.

Pennsylvania Catholic Conference

Pennsylvania Council of Churches

Pennsylvania Council of National Association of Social Workers

Pennsylvania Council of the National Council on Crime and Delinquency

Pennsylvania Health Council, Inc.

Pennsylvania League for Nursing, Inc.

Pennsylvania Medical Society

Pennsylvania Mental Health, Inc.

Pennsylvania Nurses Association

Pennsylvania Public Health Association

Pennsylvania Tuberculosis and Health Society

Pennsylvania Rehabilitation Association

Pennsylvania State Education Association

Philadelphia Anti-Poverty Action Commission

Philadelphia Welfare Rights Organization

SUMMARY OF
REGIONAL STAFF MEETINGS

APPENDIX D

ROLE OF REGIONAL DIRECTORS

While the regional reports differed on many points, they agreed that any new department would have to delegate a large measure of flexibility, authority, and responsibility to the regional offices. There were references to the weaknesses and failures of the current decentralization efforts of the departments and comments touching on the struggle for power between the headquarters staff and the regional staff.

The regional staffs described the kinds of responsibilities that should reside in the region. The most often measured, and the most significant were:

1. The regions must have a major input into the priority setting of the agency. This would include giving each region considerable flexibility in setting its priorities.
2. The regional director should have the responsibility and authority to direct all programs in his area within the broad policies set by the central office.
3. A major part of the fiscal and budgeting process should be in the regional office. This would enable each region to rapidly respond to changing needs and conditions and to keep services flexible. It was further felt that this approach would better allow for local initiation and local review.

1. Staff Training

The need for increased staff training was frequently mentioned as a requirement for better service delivery regardless of what final form the organization takes.

2. Fragmentation

This was another frequently mentioned problem. The need for a common eligibility standard was given a high priority.

3. Federal Requirements

Constraints arising from federal requirements and federal guidelines which contribute to increased bureaucratic fragmentation in service delivery. While this is a problem, it was felt that it is not one that cannot be negotiated.

4. Department of Community Affairs

The present programs of the Department of Community Affairs which are delivered through the local community action groups, should be reviewed very carefully and, those offering direct services to people, should be consolidated in such a service center. Caution is urged in the selection of the those programs which are now being stimulated through the Department of Community Affairs to act as a source of developing innovative and stimulating communities toward a concept of self help, (OEO, DCA) should be analyzed to see whether they do not appropriately belong in such a service center and, if they do, negotiations should be pursued with the Federal Government for refunding through the Department of Human Services.

5. Consumer Participation

Although each region felt that there was a need for increased citizen participation, there was a wide range in their opinions as to how this could best be carried out. The most significant and commonly mentioned were:

- a. That such advisory committee's should be established for each service unit.
- b. That these advisory committees not be appointed by the executive director but that some method be found for having the nominations come from the community and the consumers.
- c. That ~~these~~ advisory ~~committees~~ be made up of consumers and taxpayers to achieve maximum ability for interpretation as well as to strengthen the responsiveness to local communities.
- d. That each one of these local committees, through a method of delegate election, have someone representing that group on the regional advisory committee.
- e. That each region have such an advisory committee.
- f. To have the regional advisory committee able to elect a representative to serve on a statewide advisory committee.
- g. The local advisory committees should be involved in the review of the budget and program decisions so that they can have maximum input to the administrator of their decisions and aspirations.
- h. By order of the Governor an annual review committee should be appointed consisting of the Secretary of Health and the Secretary

of Welfare, along with other knowledgeable and competent citizens to review the organizational structures and program responsibilities of each department to assure maximum interdepartmental cooperation and the elimination of fragmentation and duplication in the delivery of Human Services.

- i. Consumers should be invited to sit on advisory committees at local and regional levels. They should have an input into our policy-making decisions, but should not establish policy.
- j. The planning, administration and delivery of the type of services under consideration is a highly technical activity requiring a considerable degree of professionalism. For this reason, consumer participation should be advisory only, without authority to make policy.
- k. Recent experiences with consumer participation on advisory committees as required in a number of federally financed programs has not provided total citizen-consumer concern with comprehensive approaches to program delivery. Such advisory bodies are designed to concern themselves to categorical program and don't deal with a total program approach.

1. A client advocate who would be isolated from any other department responsibilities should be placed in each service unit. This person would have the responsibility of assuring that clients received all available service to which they are entitled, and that appropriate follow-up action is taken.

There was a considerable difference of opinion in the reports, and in the discussion of the task force that followed concerning the extent of the role of citizen participants.

Perhaps it could best be described as "somewhat more than it is in present advisory committees, but less than policy making".

6. Direct Services Delivery

Another point of general agreement was the need to improve the present system of service delivery. Some concrete suggestions were:

- (a) A "one-door" service stop. This could be a centralized unit that would act as an intake point for any person seeking services from a human service agency -- public or voluntary. This unit should be able to analyze problem areas and make certain that one individual received the needed help. This "one-door" readily accessible to the consumer through local or neighborhood intake offices in urban areas and mobile units in rural areas, should provide not only information and referral, but also application for services, including eligibility determination

as indicated, initial service programming, on-site provision of emergency services, and referral for follow-up. Intake units within a district, county or county-jointure would be administratively responsible to a "central" Department of Human Services office which would provide for all intake units in their defined areas necessary administrative and supervisory services, record keeping, and provision or coordination of follow-up services.

- (b) The delivery system must be geographically accessible. We must not be wedded to the concept that the client must come to us. We should think of the possibility of having mobile units so that we can bring our services to the more isolated rural sections.
- (c) A complementary plan is to establish service delivery centers so that all the direct services to people given by various agencies, public or private, can be housed in one physical location and are under one administrator who has the authority to see that services are made available to the needs of the people. Before any unified service program can be delivered it will be necessary to amend existing legislation and unify policies regarding these various types of services. Today, even within the Department of Public Welfare, we have a spectrum of mandates for delivering services - mental health and mental

retardation community programs are under a county or a group of counties; child welfare is under the county; county boards of assistance are under the state. To repeat, all the laws governing the delivery of services to people in the human service area would have to be examined and modified so that the design of a single service center can be effected.

- (d) As this new department is designed thought must be given to the geographical areas to be established. In some cases, the city would be a logical area, in others the county, or still others the catchment concept.

OPPOSITION TO THE PLAN

In several reports it was made clear that there was considerable regional opposition to the plan. Perhaps part of this was the result of the feeling that a merger of the Health and Welfare Departments would not be successful, and that the participants' thinking had not yet been attuned to the concept of creating a new department.

Keeping this in mind, the following suggestions given by the regional staffs should be noted:

1. By placing all welfare services in the Department of Welfare.
At present fragmentation and duplication exist in the operation and delivery system with some types of Welfare services being performed by several different departments and agencies of state government.
2. By placing all medical, psychiatric, and clinical services in the Health Department. Most unfortunately flagrant fragmentation and duplication currently exist. At the present time it is understood that more state health dollars are spent for health care in other departments and agencies than to be found in the budget of the operation of the Pennsylvania Department of Health.
3. There was considerable concern expressed that the new department will be too large to be efficiently administered.
4. In place of a merger or the creation of a new department, it was suggested that local and/or regional coordinating councils be established.

It is well worth noting that even where there was opposition to the plan, there was strong support for increased authority being placed in the office of the Regional Director.

INVENTORY OF CURRENT
HUMAN SERVICE PROGRAMS


APPENDIX E



COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S TASK FORCE ON HUMAN SERVICE ORGANIZATION

INVENTORY OF HUMAN SERVICES PROGRAMS OF THE COMMONWEALTH CONSIDERED BY THE TASK FORCE

PREPARED BY:
EXECUTIVE STAFF COMMITTEE
SEPTEMBER 3, 1970



DEPARTMENT OF HEALTH

PPBS, Program						
Traditional Program Designation	Category or Subcategory	Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
Community Vac. Project	Communicable Diseases	Div. of Comm. Diseases, Vac. Project Section & Regional Offices	Direct Services Information	100% Federal	Vac. Assist. Act 1f 1962 Amended P.L. 89-10 (Fed.) Adm. Code, Act 175, 1927	Preschool children up to 12 yrs. for measles Vac.
Venereal Disease Control	Communicable Diseases	Div. of Comm. Diseases, V.D. Section, Regional Office & State Health Ctr.	Direct Services Information Services	50% State 50% Federal	Act 500, 1955, as amended	Population infected or exposed to V.D.
Communicable Diseases (Other)	Communicable Diseases	Div. of Comm. Diseases, Regional Office & State Health Center	Direct Services Information Services	100% State	Adm. Code, Act 175, 1929.	Total Population
T.B. Control	Chronic Respiratory Diseases	Div. of Chronic Resp. Dis., Regional Office, Health Ctr. & State Hosp.	Direct Services Information Operation of Hospitals	40% State 60% Federal 100% State	Adm. Code, Act 175, 1929, PHS Act (FED.)	Total Population
Dental Health	Dental Health	Div. of Dental Health and Regional Office	Information Services Contracted Services for treatment	45% State 55% Federal	Adm. Code, Act 175, 1929	Total Population children under 16 with severe handicaps of teeth and jaw
Alcoholism Studies and Rehabilitation	Control and Treatment	Division of Alcoholism and Regional Office	Direct Services Information Services Contracted Services	100% State	Act 338, 1953	Population addicted to excessive use of alcoholic beverages.
Chronic Diseases	Chronic Diseases	Div. of Chronic Dis. and Regional Office	Direct Services Information Services Contracted Services	50% State 50% Federal	Adm. Code, Act 175, 1929	Chronically ill adults

DEPARTMENT OF HEALTH

Traditional Program Designation	PPBS, Program Category or Subcategory	Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
Maternal and Child Health	Maternal and Child Health	Div. of MCH, Regional Office and State Health Center	Direct Services Information Services Contracted Services	55% State 45% Federal	Adm. Code, Act 175, 1929, Act 239 of 1959	Children under 21 yrs. 6 yrs. or under for Well Baby Clinics
Crippled Children	Maternal and Child Health	Div. of MCH, Regional Office, State Health Center and State Hospitals	Direct Services Information Services Contracted Services	60% State 40% Federal	Adm. Code, Act 175, 1929	Children under 21 yrs.
School Health	MCH and Dental Health	Div. of MCH and Div. of Dental Health	Payments to school districts	100% State	Public School Code of 1949	All school age children
Drug Control	Drugs, Devices and Cosmetics	Div. of Drug Control and Regional Office	Direct Services Information Services Contracted Services	100% State	Act 693, 1961	Total population with drug dependence problem.

Gap: TREATMENT AND REHABILITATION

Suggest the Mental Health agency have responsibility. Enforcement should be in another agency with direct linkages to treatment and rehabilitation.

DEPARTMENT OF HEALTH

Traditional Program Designation	PPBS, Program Category or Subcategory	Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
Migrant Health	Chronic Diseases Dental Health Comm. San. & Housing Hygiene	Bureau of Planning, Evaluation and Research	Direct Services Contracted Services	100% Federal	P.L. 89-692 (Fed.) Adm. Code, Act 175 of 1929	Migrant agricultural workers
Physical Therapy	Chronic Diseases MCH	Div. of Physical Therapy and Regional Office	Direct Services Information Services	100% State	Adm. Code, Act 175 of 1929	Total Population
Emergency Health Services	Injury Prevention and Control	Emergency Health Services Unit	Direct Services Information Services	100% State	Adm. Code, Act 175 of 1929	Total population ambulance service and local safety councils
Comprehensive Health Planning	General Administration and Support	Office of Comprehensive Health Planning	Direct Services Information Services Contracted Services	25% State 75% Federal	P.L. 89-749 P.L. 90-174 (Fed.)	Total population working through local health planning groups
Medicare	Development of Health Resources	Office of Medicare	Direct Services Contracted Services	100% Federal	P.L. 79-849 Title XVIII of Social Security Act	Facilities eligible for reimbursement under Title XVIII
Vital Statistics	General Administration and Support	Bureau of Administration	Direct Services	100% State	Adm. Code, Act 175 of 1929	Total population
Nutrition	Chronic Diseases MCH, General Adm. and Support	Bureau of Administration	Information Services Contracted Services	100% State	Adm. Code, Act 175 of 1929	Total population through various social and health agencies.
Occupational Health Problems	Occupational Health and Safety	Div. of Industrial Hygiene and Regional Office	Direct Services Information Services	100% State	Adm. Code, Act 175 of 1929	Total population

DEPARTMENT OF HEALTH

Traditional Program Designation	PPBS, Program Category or Subcategory	Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
Housing	Comm. San. and Housing Hygiene	Bureau of Housing & Environ. Control	Direct Services Information Services	State 100%	Adm. Code, Act 175 of 1929	Total population- housing
Institutions and Schools (inspection)	Comm. San. and Housing Hygiene	Bureau of Housing & Environ. Control	Direct Services Information Services	State 100%	Adm. Code, Act 175 of 1929	Users of institutions and schools
Recreational Sanitation	Comm. San. and Housing Hygiene	Bureau of Housing & Environ. Control	Direct Services Information Services	State 100%	Adm. Code, Act 175 of 1929	Users of recreational areas, bathing places and swimming pools
Food Protection	Consumer Protection	Bureau of Housing & Environ. Control	Direct Services Information Services	State 100%	Adm. Code, Act 175 of 1929	Eating, food processing and food handling facilities

Gap: LACK OF MEDICAL CARE RESOURCES

Delivery System does not assure accessibility of services for significant groups.

HEALTH DEPARTMENT PROGRAMS RELATING TO ENVIRONMENTAL RESOURCES

Air Pollution Control
Water Supply and Water Quality Management
Solid Wastes
Vector Control
Community Noise Pollution
Radiation Protection

OTHER RELATED PROGRAMS WHICH SHOULD BE CONSIDERED

State Anatomical Board
State Board of Funeral Examiners
Mausoleum Inspection

DEPARTMENT OF PUBLIC WELFARE

Traditional Program Designation	PPBS Program, PC or PSC	Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
Services for the mentally disabled MH/MR county program	therapeutic rehab. and treatment prevention of mental illness mental retardation	Office of Mental Health and Mental Retardation	counties purchase from local vendors	90% State Grant to counties 10% county funds	MH/MR Act Act 6, 1966	Socially and emotionally disabled. Mentally Retarded.
Mental Hospitals	therapeutic rehab. and treatment	Office of Mental Health and Mental Retardation	Direct Service	State Appropriation	MH/MR Act Act 6, 1966	Socially and emotionally disabled
State Schools and Hospitals for the mentally retarded	therapeutic rehab. and treatment	Office of Mental Health and Mental Retardation	Direct Service	State Appropriation	MH/MR Act, 1966	Mentally retarded
State Gen. Hospitals	operate State Hospitals and facilities	Office of Medical Services and Facilities, Bureau of State Operated Institutions	Direct Service	Direct payment by patient and third party payments 90% State 10%	Act 21, 1967	Acutely ill
Restoration Centers	Restoration Center Program	Office of Medical Services and Facilities, Bureau of Adult Institutions	Direct Service	State Appropriation	Act 21, 1967	1. Over 65 with chronic impairments. 2. Over 65 from State Mental Hospitals who no longer need psychiatric treatment.

DEPARTMENT OF PUBLIC WELFARE

Traditional Program Designation	PPBS Program		Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
	Category	Subcategory					
Youth Development Centers	Social Development of Individuals		Office of Family Services, Bureau of Youth Development Institutions	Direct Service	Payment by county for residents-clients	Act 21, 1967	Socially and emotionally maladjusted youth
Youth Forestry Camps	Social Development of Individuals		Office of Family Services, Bureau of Youth Development Institutions	Direct Services	Payment by county for residents-clients	Act 21, 1967	Socially and emotionally maladjusted youth
Youth Development Day Treatment Centers	Social Development of Individuals		Office of Family Services, Bureau of Youth Development Institutions	Direct Services	Payment by county for residents-clients	Act 21, 1967	Socially and emotionally maladjusted youth
Services to the Aging. Aid for Community Living	Services to the Community		Office of Family Services, Bureau of Community Consultation	Contracted through counties purchase of service from local vendor	State appropriation, augmented by funds through the federal Older Americans Act	Act 21, 1967, Federal Older Americans Act	Dependent Aging
Services to Children and Youth-Family and Child	1. Family Support Services. 2. Protective and legal services		Bureau of Family and Child Welfare	Contracted, counties provide direct service or service from local vendor	Shared-State grants and county appropriation. 75% Federal matching funds for mandated and optional social services	Act 21, 1967	Any children who need services (regardless of religion, race, settlement, residence, economic or social status)

DEPARTMENT OF PUBLIC WELFARE

Traditional Program Designation		PPBS Program Category or Subcategory		Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
Work Training Programs (NYC, new careers) (WIN, Commonwealth careers)		Economic Development of Individuals		OFS-Bureau of Special Services	Direct State, Contract with State and local agencies and facilities-CBA's	Federal and State	Federal economic opportunities, Act of 1964, as amended.	Economically dependents, cash recipients
	Remedial Eye Care	Identify and treat visual handicaps		OFS, Bureau for the Visually and Physically Handicapped	Direct Services (determination of eligibility) Purchase of Treatment services, drugs, glasses and surgery	State Appropriation	Act 21, 1967	Visually handicapped
Prevention of Blindness		Prevention of Visual		OFS, Bureau for the Visually and Physically Handicapped	Contracts, Pa. Assoc. for the Blind	State Appropriation	Act 21, 1967	Visually handicapped
Blind Stands Business Enterprises Vocational Rehab.		Economic Development of Individuals		OFS, Bureau for the Blind and Visually Handicapped	Direct Service	State Appropriation	Act 21, 1967	Visually handicapped
Home Teaching for the Blind		Economic Development		OFS, Bureau for the Blind and Visually Handicapped	Direct Services	State Appropriation	Act 21, 1967	Visually handicapped

DEPARTMENT OF PUBLIC WELFARE

Traditional Program Designation	PPBS, Program Category or Subcategory	Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
General Assistance a. Grants b. Social Services	Income Maintenance, Family Support Services	OFS, Bureau of County Assistance	Direct Service through CBA	State Appropriation	Act 21, 1967	Financially needy people ineligible for federal aid categories
Old Age Assistance a. Grants b. Social Services	Income Maintenance, Family Support Services	OFS, Bureau of County Assistance Operations	Direct Service through county board	51% Federal 49% State Services 75% Federal	Act 21, 1967 Social Security Act, 1935, as amended	Needy over 65
Aid to Dependent Children a. Grants b. Social Services	Income Maintenance, Family Support Services	OFS, Bureau of County Assistance Operations	Direct Service CBA	Federal 55% State 45.5% Services 75% Federal	State Act 21, 1967, Social Security Act, 1965 as amended.	Families with dependent children
Aid to Disabled a. Grants b. Social Services	Income Maintenance Family Support Services	Bureau of County Assistance Operations	Direct Service CBA	Federal 49.5% State 50.5% Services 75% Federal	State Act 21, 1967. Social Security Act, 1935	Categorically Disabled
Federal Blind Pension	Income Maintenance	OFS, Bureau of Assistance Services	Direct Service County Board	Federal 70% State 30%	State Act 21, 1967, Federal Social Security Act, 1935 as amended.	Visually handicapped
State Blind Pension	Income Maintenance	OFS, Bureau of Services to the Visually and Physically Handicapped	Direct Service	State 100%	State Act 21, 1967	Visually handicapped
Food Stamp	Income Maintenance	OFS, Bureau of Assistance Services	CBA through county	100% State less local admin. cost	State Act 21, 1967	Financially needy not necessarily qualifying for other assistance

DEPARTMENT OF PUBLIC WELFARE

Traditional Program Designation	PPBS, Program Category or Subcategory	Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
Medical Assistance (Public Nursing Home Care) remedial	Medical Assistance Program	Office of Medical Services and Facilities	Payments to institutions and vendors	Federal 44% State 55.00% County 6.00%	State Act, 1967, Title XIX, Social Security Act, 1935 as amended	Medically needy, meeting state and federal aid categories
Licensing, Inspection and Consultation, independent proprietary Foster Homes and Day Centers	Family Support Services	Bureau of Family and Child Welfare	Direct Service	State Appropriation	State Act 21, 1967	Any children who need service
Licensing, Inspection and Consultation public and private nursing homes	Operate State Hospitals and Facilities	Office of Medical Services and Facilities	Direct Service	State Appropriation	State Act 21, 1967	Aging and Chronically III
Licensing, Inspection and Consultation - Hospital	Operate State Hospitals and Facilities	Office of Medical Services and Facilities	Direct Service	State Appropriation	State Act 21, 1967	Acutely III
Licensing, Inspection and Consultation - Mental Health Centers and Interim Care Facilities for the Mentally Retarded	Therapeutic Rehab. and Treatment	Office of Mental Health and Mental Retardation	Direct Services	State Appropriation	State Act 1921, 1967, MH/MR Act of 1966.	Socially and Emotionally Disabled, Mentally Retarded.

DEPARTMENT OF LABOR AND INDUSTRY

Traditional Program Designation	PPBS, Program Category or Subcategory	Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
Economic Opportunity Act Poverty Program	Economic Development	Bureau of Employment Security	Manpower Poverty programs such as Job Corps, Neighborhood Youth Corps- Provision of training allowances (APP-3)	Federal-Project Grant	A. Federal-Economic Opportunity Act, 1964, P.L. 88-452, as amended by P.L. 89-253 and P.L. 89-794. B. State-Act 74 June 8, 1965, amended the Administrative Code Section 701	Unemployed or underemployed
Employment Security Administration	Economic Development	Bureau of Employment Security	Direct Service through Operation of a system 120 local public employment offices.	Federal formula grant	A. Federal-Wagner-Peyser Act 48, Section 113, U. S. Title 2. B. State-Act 373, (P.L. 833, 1915) as amended.	Citizens seeking employment
Manpower Development and Training	Economic Development	Bureau of Employment Security	System of work training allowance	Federal Project grant, Fed. 90%, State 10%	MDTA, 1962, as amended by P.L. 87-729, P.L. 88-214, P.L. 89-15, P.L. 89-792 and P.L. 90-636.	Unemployed and underemployed
Unemployment Compensation-Exservicemen	Economic Development	Bureau of Employment Security	Direct payment of unemployment compensation	A. Federal project grant B. State- none	Federal-P.L. 848, amending Title XV of the Social Security Act, as amended.	Unemployed Exservicemen

DEPARTMENT OF LABOR AND INDUSTRY

Traditional Program Designation	PPBS, Program Category or Subcategory	Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Group
Unemployment Compensation-Federal Employee	Economic Development	Bureau of Employment Security	Direct Payment of unemployment to eligible Fed. employees through the above Bureau	Federal	A.Federal-P.L. 767, amending Title XV of the Social Security Act. B.State-none.	Unemployed Federal Employees
Vocational Rehab.	Economic Development	Bureau of Vocational Rehab.	Direct Services provided to rehabilitate and train disabled persons for placement in jobs.	Formula grant Fed. 80% State 20%	A.Fed.-Voc. Rehab. Act. of 1920, U.S. Code Chapter 4: Social Security Act 42, U.S. Code 421 and 422. B.State: Voc. Rehab. Act of 1945, as amended 43, P.S. Section 681.	Adults who are disabled or disadvantaged
Work Incentive Program (WIN)	Economic Development	Bureau of Employment Security	Direct Service	Federal-project grant-Fed. 80% State 20%	A.Fed.-Title IV Social Security Act, Part C., P.L. 90-248. B.State-none	Employable people receiving specific assistance in the Aid to Dependent Children category.
Inspection of Upholstery and Bedding		Bureau of Inspection	Direct Service			Total Population

DEPARTMENT OF COMMUNITY AFFAIRS

Traditional Program Designation	PPBS, Program Category or Subcategory		Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
	Category	Subcategory					
State Technical Assistance and Advocacy	Economic Development, Economic Opportunity for Disadvantaged Pennsylvanians, Technical Assistance to Community Action Agencies		Bureau of Human Resources	Payment-Provision of Services (APP) OEO funded programs and assist agencies in developing new programs in the Anti-Poverty Program.	Federal 80% State 20%	A. Federal-Economic Opportunity Act, 1964 as amended Title 11-B Section 231. B. State: Executive Order #43-1964.	Disadvantaged citizens
T.E.A.M.	Economic Development (PBB-3) Economic Opportunity for Disadvantaged Pennsylvanians		Bureau of Human Resources	Payment-Provision of Services (APP) Reimbursement to private employers for provision of on-the-job training for the unemployed and underemployed.	State 100%	Act 232 of 1968 Act 134-A of 1970	Disadvantaged citizens who do not exceed the Government's poverty guidelines unemployed and underemployed
O.J. T.	Economic Development (PBB-3) Economic Opportunity for Disadvantaged Pennsylvanians		Bureau of Human Resources	Payment-Provision of Services (APP) Reimbursement to private employers for provision of on-the-job training for the unemployed and underemployed	Federal 100%	Manpower Development and training Act	Disadvantaged citizens who do not exceed the Government's poverty guidelines unemployed and underemployed

DEPARTMENT OF COMMUNITY AFFAIRS

Traditional Program Designation	PPBS, Program Category or Subcategory	Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
Neighborhood Assistance Program	Economic Development (PBB-3) Economic Opportunity for Disadvantaged Pennsylvanians	Bureau of Human Resources	Tax credit to Business and Industry for contribution to projects in impoverished neighborhoods	State tax credits	Act 292 of 1967 Act 231 of 1968 Act 81 of 1969	Disadvantaged citizens
Cash Grants to Community Action Agencies	Economic Development (PBB-3) Economic Opportunity for Disadvantaged Pennsylvanians	Bureau of Human Resources	Payment to local CAA's for developing and funding local anti-poverty programs.	State 100% and 75% Federal for some local services	Act 9 of 1967 Act 72-A of 1969	Disadvantaged citizens
Model Cities Partner Cities	Commonwealth Program General Administration and Support Department Program Category General Administration and Support Subcategory 02-Immediate staff services element - 04 - Grants and subsidies administration	Bureau of Model/Partner Cities	Payment-Provision of Services (APP) Payments to designated municipalities to improve social, physical and economic conditions. Direct financial assistance and technical assistance at the State level.	Federal 80% also supplemental Federal grant monies Partner Cities Utilize categorized grant appropriations already designated to other programs in the State, such as State redevelopment funds and "701" funds, etc.	Title I of the Demonstration Cities and Metropolitan Development Act of 1966, effective January 1, 1967. General Assembly of the Pennsylvania Urban Assistance Act of 1969-Act 77	Blighted and impoverished neighborhoods

DEPARTMENT OF EDUCATION

Traditional Program Designation	PPBS, Program Category or Subcategory	Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
School Lunch Program	School Food Services	Bureau of Voc., Technical and Continuing Education	Direct Service by School District	25% Federal 75% State	P.L. 79-396, 1945, P.L. 90-302, 1968 (Sec. 2, Nat. School Lunch act, provides funds for gen. food assistance special food assistance, and non-food assistance)	Children in non-profit schools (incl. public)
Special Milk Program	School Food Services	Bureau of Voc., Technical and Continuing Education	Direct Service by School District	100% Federal money must be used to reduce the cost of milk to children.	P.L. 79-396, 1945, P.L. 81-439, 1949, P.L. 85-478, 1958	Children in non-profit schools and institutions (incl. public)
School Breakfast Non-Food Assistance	School Food Services	Bureau of Voc., Technical and Continuing Education	Direct Service by School District	25% Federal 75% State	P.L. 89-642, 1966, P.L. 90-302, 1968. Local children should pay some for breakfast; LEA must pay $\frac{1}{4}$ of allocation for non-food assistance.	Public school children

DEPARTMENT OF EDUCATION

PPBS, Program		Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
Traditional Program Designation	Category or Subcategory					
Special Food Service	School Food Services	Bureau of Voc., Technical and Continuing Education	Non-profit school or child care institution not participating in previous year who does not operate food or milk services on <u>contract-pilot programs</u>	25% Federal 75% State	P.L. 89-642, 1966, P.L. 90-302, 1968 Children and institutions should pay something	Children in service institutions
School Health Programs	Supporting Services-Health Services (Medical and dental)	Bureau of Pupil Personnel Services, Div. of Health Services	Direct Service by School District	Up to \$4.70 state money per pupil and additional money furnished by school district	P.L. 30, 1949 Public School Code, Sections 1400 and 2505.1	School Children

OTHER AGENCIES

PPBS, Program							
Traditional Program Designation	Category or Subcategory	Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups	
Policyholders Service and Protection	Protection of persons and property	Department of Insurance, Bureau of Services and Enforcement	Provides general information regarding insurance and hears complaints from general public - State	State	Insurance Dept. Act of May 17, 1921, P.L. 789. Insurance Co. Law, Act of May 17, 1921, P.L. 682	Insurance public	
Consumer Protection	Protection of persons and property	Dept. of Justice, Bureau of Consumer Protection.	Protect public against fraudulent and dishonest business practice thru educational media and enforcement.	State	Executive Order of March 3, 1966	Citizens of the Commonwealth	
		Div. of Standard Weights and Measures	Establishes standards, examines and approves weighing and measuring devices-State	State		Consumers of the Commonwealth	
Veterans Affairs		1. Department of Military Affairs Div. of Veterans Affairs and Assistance	Administers veterans assistance, Ed. of children of deceased and disabled veterans and blind veterans pension grant programs State	State	Adm. Code, 1929	Veterans and their dependents	
	Health-Physical & Mental Well-Being	2. Soldiers and Sailors Home			Adm. Code, 1929 Act 17, 1963 as amended.	Domiciliary care for indigent invalid or disabled Pa. Veterans	

PROGRAMS OF OTHER AGENCIES

Traditional Program Designation	PPBS, Program Category or Subcategory	Organizational Unit	Delivery System	Funding Stream	Legal Mandate(s)	Target Groups
Government Donated Food		Dept. of Property and Supplies - Bur. of Gov. Donated Food	County Board of Commissions and Dept. of Property and Supply	County State Federal	Act 16, 1955	Non-profit organizations private and public schools and institutions and to needy persons in counties where Food Stamp Program is not in effect.
Human Relations Commission		Human Relations Commission in the Governor's Office	Reviews, investigates and prosecutes violators of Human Relations Act through its staff and branch offices, State and local Commissions	State	Human Relations Act	Minority groups and others adversely affected by non-conformity with Human Relations Act.
Council for Human Services		Secretary of Administration and Budget Secretary	Council coordinates Departments responsible for programs to meet social needs.	State	Executive Order May, 1963	

STAFF RECOMMENDATIONS
CONCERNING FUNCTIONS TO BE
INCLUDED OR EXCLUDED

APPENDIX F

COMMONWEALTH OF PENNSYLVANIA

GOVERNOR'S TASK FORCE ON HUMAN SERVICE ORGANIZATION

EXECUTIVE STAFF COMMITTEE REPORT ON FUNCTIONS TO BE INCLUDED
IN A DEPARTMENT OF HUMAN SERVICES

WE SUBMIT THIS REPORT IN RESPONSE TO
A REQUEST OF THE TASK FORCE. THE
RECOMMENDATIONS REPRESENT THE CONSIDERED
JUDGMENT OF THE ENTIRE EXECUTIVE STAFF
COMMITTEE.

IT IS THE OPINION OF THE EXECUTIVE STAFF
COMMITTEE THAT THESE RECOMMENDATIONS
ARE ONLY PRELIMINARY AND SUGGESTIVE.
IN-DEPTH STUDIES AND CONSIDERATION OF ALL
HUMAN SERVICES PROGRAMS OF THE COMMONWEALTH
IN THE CONTEXT OF DELIVERY SYSTEM MODELS
SHOULD OCCUR BEFORE FINAL DECISIONS ARE
MADE ON WHICH SERVICES ARE BEST PROVIDED
TO THE PEOPLE OF PENNSYLVANIA THROUGH A
UNIFIED DEPARTMENT OF HUMAN SERVICES.

PREPARED BY:

EXECUTIVE STAFF COMMITTEE
SEPTEMBER 10, 1970

The programs in the Inventory of Human Services Programs of the Commonwealth Considered by the Task Force are classified under the following headings:

- (A) Preliminary staff recommendations for inclusion in a Department of Human Services.
- (B) Preliminary staff recommendations for exclusion from a Department of Human Services.
- (C) Programs for which no preliminary recommendation is made by the Executive Staff Committee (further study is required).

(A) PRELIMINARY STAFF RECOMMENDATIONS FOR INCLUSION IN A DEPARTMENT OF HUMAN SERVICES

<u>PRESENT PROGRAM</u>	<u>DEPARTMENT</u>	<u>STAFF COMMENTS</u>
*Community Vaccination Project	Health	
*Venereal Disease Control	Health	
*Communicable Diseases	Health	
*T.B. Control	Health	State operation of inpatient TB hospital is obsolete, and can be phased out according to a five-year Department of Health Plan.
*Dental Health	Health	
*Alcoholism Studies and Rehabilitation	Health	The Department of Education has involvement here as well.
*Chronic Diseases	Health	
*Maternal and Child Health	Health	
*Crippled Children	Health	
*School Health	Health	Welfare, Health and Education now have inputs to this program; this should be considered in the implementation plan.
*Migrant Health	Health	Labor and Industry has some responsibility; DPW has Day Care and Child Welfare; Education has Educational program. Further study of programs in this area should be made to determine linkages between agencies.
*Physical Therapy	Health	A study should be conducted of the relationships to Special Education in Department of Education; Labor and Industry has a program at Johnstown; DPW mental hospitals, state schools, restoration center and general hospitals have aspects of this program.
*Emergency Health Services; Injury Prevention and Control	Health	

A) PRELIMINARY STAFF RECOMMENDATIONS FOR INCLUSION IN A DEPARTMENT OF HUMAN SERVICES

<u>PRESENT PROGRAM</u>	<u>DEPARTMENT</u>	<u>STAFF COMMENTS</u>
*Comprehensive Health Planning	Health	Includes Environmental Health. Some consideration should be given to placing this function in the Governor's Office. If a Department of Environmental Resources is established, linkages should be explicit and authority clear.
*Medicare	Health	
*Vital Statistics	Health	
*Nutrition Programs	Health	These Department of Health programs should be interrelated with the school lunch and surplus commodity food programs.
*Occupational Health Problems	Health	Linkages to Labor and Industry programs should be studied.
*Food Protection	Health	Further study should be made of relationship with Department of Agriculture programs.
*Medical Assistance	Public Welfare	
*MH/MR Community Programs	Public Welfare	
*Mental Hospitals	Public Welfare	Should Department of Education have responsibility for supervision and/or financing of Educational Programs? Should Bureau of Vocational Rehabilitation have responsibility for supervision and/or financing of vocational programs? Further study is recommended.
*Restoration Centers	Public Welfare	The Soldiers and Sailors Home, presently under Department of Military Affairs should also be included.
*Youth Development Centers	Public Welfare	Educational programs are now contracted with local school districts. Vocational Rehabilitation should provide services also.

(Continued)

(A) PRELIMINARY STAFF RECOMMENDATIONS FOR INCLUSION IN A DEPARTMENT OF HUMAN SERVICES

<u>PRESENT PROGRAM</u>	<u>DEPARTMENT</u>	<u>STAFF COMMENTS</u>
*Youth Forestry Camps	Public Welfare	Educational programs are now contracted with local school districts. Vocational Rehabilitation should provide services also.
*Youth Development Day Treatment Centers	Public Welfare	
*Services to the Aging	Public Welfare	
*Services to Children and Youth - Family and Child Welfare	Public Welfare	Should study responsibility of Department of Education for supervision and/or financing of Educational programs.
*Remedial Eye Care	Public Welfare	
*Blind Pensions	Public Welfare	Should consider discontinuing separate pensions for the blind. Veterans blind pensions in Military Affairs should be included as well in this program.
*Prevention of Blindness	Public Welfare	Medical aspects should be in Human Services; Labor and Industry should have Industrial and Occupational Safety.
*Home Teaching for the Blind	Public Welfare	Further study recommended to determine if program should be responsibility of Department of Education.
*General Assistance Old Age Assistance Aid to Dependent Children Aid to the Disabled	Public Welfare	These programs encompass both income maintenance and a variety of social service programs. The Federal government may assume responsibility for income maintenance grants if the Family Assistance Plan is adopted.
*Food Stamps	Public Welfare	
*State General Hospitals	Public Welfare	State operation should be discontinued.

(Continued)

(A) PRELIMINARY STAFF RECOMMENDATIONS FOR INCLUSION IN A DEPARTMENT OF HUMAN SERVICES

<u>PRESENT PROGRAM</u>	<u>DEPARTMENT</u>	<u>STAFF COMMENTS</u>
*Work Training (New Careers, WIN, Commonwealth Careers, etc.)	Public Welfare	These are "in-service" programs in DPW facilities and should be included in Human Services. A study should be made to determine the necessary input from the Department of Education vo-tech program, and L. & I. training and placement components.
*Licensing, Inspection and Consultation	Public Welfare	All licensing and inspection functions should be studied to determine the need for (1) possible location in one unit; or (2) better coordination.
*Veterans Blind Pension	Mil. Aff.	
*Soldiers and Sailors Home	Mil. Aff.	
*Surplus Commodities	P. and S.	

(B) PRELIMINARY STAFF RECOMMENDATIONS FOR EXCLUSION FROM A DEPARTMENT OF HUMAN SERVICES

<u>PRESENT PROGRAM</u>	<u>DEPARTMENT</u>	<u>STAFF COMMENTS</u>
*State Technical Assistance and Advocacy	Community Affairs	Advocacy function should be part of an independent organization.
*Neighborhood Assistance Program	Community Affairs	Linkages should be established with other Departments to assure that they pick up appropriate projects.
*Cash Grants to Community Action Agencies	Community Affairs	Linkages should be established with other Departments to assure that they pick up appropriate projects.
*Model Cities; Partner Cities	Community Affairs	Linkages should be established with other Departments to assure that they pick up appropriate projects.
*Human Relations Commission	-----	
*Council for Human Services	Governor's Office	Should be considered for inclusion in the recommended independent citizen's advocacy program.
*Governor's Branch Offices	Public Welfare	Should be considered for inclusion in the recommended independent citizen's Advocacy Program.
*Consumer Protection	Justice	Should be considered for inclusion in the recommended independent citizen's advocacy program.
*Employment Security Administration	L. and I.	Should remain in L. and I. with explicit linkages to Human Services.
*Unemployment Compensation	L. and I.	Should remain in L. and I. with explicit linkages to Human Services.
*Vo-Tech Schools	Education	Should remain in Education. Explicit linkages to other vocational programs should be developed.

PROGRAMS FOR WHICH NO PRELIMINARY RECOMMENDATION IS MADE BY THE EXECUTIVE STAFF COMMITTEE.

<u>PRESENT PROGRAM</u>	<u>DEPARTMENT</u>	<u>STAFF COMMENTS</u>
*Recreational Sanitation	Health	Should probably be in Human Services but Environmental Resources or L. and I. may also be appropriate.
*Housing Sanitation	Health	Should probably be in Human Services but Environmental Resources or L. and I. may also be appropriate.
*Blind Stands, Business Enterprises	Public Welfare	Should be in same operational unit as Vocational Rehabilitation.
*Manpower Development and Training	Community Affairs	Should some effort be made to pull all manpower programs together? L. and I., Community Affairs and Education have components. Need a detailed study.
*Vocational Rehabilitation	L. and I.	Should probably be in Human Services. There is some feeling that this program and Employment Security should remain together.
*T.E.A.M.	Community Affairs	Should be considered with Manpower Programs.
*O.J.T.	Community Affairs	Should be considered with Manpower Programs
*Housing	-----	Several Departments have programs. We recommend a detailed study and later decisions on where these programs should be located.
*Adult Correction	Justice	Some States put Corrections and Rehabilitation of criminals in the same Department with other rehabilitations.
*Employment Security	L. and I.	This program was not examined by the staff.
*Education	Education	This program was not examined by the staff.
*Environmental Resources	Several Agencies	This program was not examined by the staff.

SUGGESTED STEPS TOWARD
CREATION OF A DEPARTMENT
OF HUMAN SERVICES

APPENDIX G

EVENT CALENDAR

Department of Human Services

Activity	Beginning Date	Completion Date
1. Proposal accepted by Task Force on Human Services		9/28/70
2. Legislative Action - (Establish Department of Human Services Task Force to develop plan for implementation) Budget request not to exceed \$500,000		10/5/70

Probable Event Calendar for Implementation Plan Development

1. Analysis of delivery system needs of programs:	10/6/70	12/1/70
<ul style="list-style-type: none"> a. Hearings { facility needs b. Services { population needs c. Personnel needs d. Inter-agency cooperation needs 		
Resources needed - Program specialists from various departments Hearings - Outside Consultants - Regional directors		
2. Legal study, development of enabling legislation for each approved program for transfer or retention in new department.		7/1/7
Resources needed - Legal Bureaus of affected Departments		
3. Budget and Program transfer plan	12/1/70	12/15/70
<ul style="list-style-type: none"> a. Modification of APP b. Personnel changes - Classification, Educational requirements, etc. 		
Resources needed - PPBS coordinators of affected programs - Personnel Office		

4.	Program "grouping" for efficient and effective administration (Review of objectives and similar program thrusts)	12/1/70	12/15/70
	Resources - Office of Administration - Program Analysis - Personnel - Program Specialists - Consultants		
5.	Establish an experimental local delivery model for testing and evaluation	12/15/70	Preliminary Report 7/1/71 Final Report 7/1/72
	Resources - Program Specialists - Regional Staff - Consultants		
6.	Program definition of Department of Human Services - Philosophy development - Goals Analysis of Events 1.2.3.4.5.	12/15/70	1/10/71
	Resources needed - Program specialists		
7.	Development of Organization Structure (probable) Work breakdown analysis of "grouped" programs - Legal requirements - Audit functions - Review - Program audits - Evaluation needs	1/10/71	2/10/71
	Resources needed - System analysts - Legal staff Auditors - Evaluation Specialists		
8.	Enabling legislation		6/30/71
	Legislative changes necessary for program transfer		8/10/71
	Resources needed - Legal staff - Legislative leaders		
9.	Transition organization planned and staffed	7/1/71	9/1/71
	Resources needed - Appropriate staff from affected Departments		
10.	Plan for Administrative Organization	9/1/71	11/71
	a. Regional organization		
	b. Department organization - Policy Board		
	c. Services delivery plan		

- d. Advisory board formation
- e. Inter-agency synchronization plan

Resources needed - Administrative organization consultants

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|---|----------|---------|
| 11. Facility and personnel needs | 10/15/71 | 12/1/71 |
| <ul style="list-style-type: none">a. Space allocationb. Civil service changesc. Appointments of staff | | |

Resources needed - Civil Service staff -
space allocation expert, Interview committees

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| 12. Final recommendations for legislative review | 12/1/71 | 1/1/72 |
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| 13. Budget <u>PPBS</u> preparation and submitted for legislative action | 1/1/72 | 1/15/72 |
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Resources needed - PPBS staff - Legislative leaders

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- | | | |
|---|---------|---------|
| 14. Department of Human Services - Program Transition | 1/15/72 | 6/29/72 |
|---|---------|---------|

Resources needed - Moving teams -
In-Service programs

SUPPORTIVE DOCUMENT

The scope in activities of the Task Force on Human Service Organization includes the projection of major events which will need to occur from date of acceptance of proposal to creation of a fully functioning Department of Human Services. The central focus of all activities will need to be closely related to the primary focus and major objective of the reorganization. This being -- improving the delivery system of services to the recipient of the program. It is the consensus of the Task Force that limited by the time, consultants, personnel obligations, that additional activities will need to be undertaken by study task forces to effect a smooth transition of programs from present alignment in various departments to a single, highly organized and efficient, new Department. The activities projected are delineated in an event calendar located in the appendix. This event calendar proposed September 25 and October 5 as critical decision points relating to the eventual establishment of this Department.

Event #1 -- Analysis of Delivery System Needs

Several regional hearings conducted by the Task Force began to get at the analysis necessary to effect an improved system of services to be provided to the affected population. The Task Force recognizes that the scope of these hearings was not sufficient nor were the outcomes clearly enough defined to provide the answers necessary to develop a new program system. Therefore, it is proposed that the carefully structured hearings be conducted throughout the State polling both the public and employees engaged in the various programs to determine such things as program objectives, population affected, facility needs, personnel operational needs, inter-agency cooperation needs, etc. This activity is scheduled to begin immediately upon adoption of a legislative resource on October 5 and completed by December 1, 1970.

Event #2 -- Program Legal Search

The task of transferring programs from Department to Department not only involves the assimilation of new duties, staff, budgets, etc., but may be limited by present legislative mandates that restrict movement. It has been brought to the

attention of the staff that several enabling legislative bills clearly indicate the administrative unit or Department which will administer the program. Therefore, it becomes obvious that a legal search will need to be conducted and, where necessary, new legislation proposed or amendments made which would effect transfer. Activity to be completed by November 1, 1970.

Event #3 -- Budget and Program Transfer Plan

The transfer of programs to a newly created Department will obviously effect operating budgets, personnel needs, new classification plans in the Departments which are to be affected. The introduction of the PPBS System in the State Government may or may not have produced a complex problem. Regardless, each affected department will need to examine, very critically, their PPBS system with respect to either budgetary gains or loses as a result of program transfers. This activity should be completed by December 15, 1970.

Event # 4 -- Program Grouping

Active administrative needs in coordination with synchronization of program objectives. Program analysts, using the data from Event #1 and new generalized information, must begin the process of grouping related programs so that the new structure can assimilate them and effectively administer them.

Event #5 -- Experimental Model

The efforts of most organizational structures has been to facilitate administrative controls and to devise ways and means improving program inadequacies by adding to the program. This approach has had little concern for the actual results of the effort. The Task Force recommends that a model delivery system a models be created and tested throughout the time needed to establish this new department and that the daily results of these endeavors be considered as meaningful information for decision making.

Event # 6 -- Philosophy

The operating Task Force in the previously mentioned events will need to be interpreted and developed into a philosophical statement concerning the new program. This statement should include references to the following points: Role of the new Department; clientele to be served; commitment to the clientele; purpose of the Department; reorganization structure of the Department; and, the human and material resources necessary to carry out the Department's mandate.

Event # 7 -- Organization Structure

The Task Force has attached as exhibit_ in the appendix an organization chart which in block form divides the major activities of the proposed Department of Human Services into 5 major offices. This presentation is a traditional approach and is not intended to restrict or constraint the continuing Task Force. It is provided as a means of further defining the perimeters of human services.

Obviously the undertaking of a task such as this calls for complete freedom to adopt the most effective structure that modern technological advances.

Event #8 -- Legislative Commitment and Legislative Actions

State agency formation requires legislative and administrative support. The continued support and work of a task force on human service organization cannot proceed the point of presenting facts, assumptions and suggestions.

The task force timetable suggests that budget considerations, permanent staff assignments and appointments will need to be initiated by legislation and administration to affect the creation of the Department by July 1, 1972.

Event #9 --

The appointed Secretary would immediately select and appoint a staff to provide for the orderly development of a department and the assimilation of all programs - the activities which this would initiate would necessarily involve the activities suggested in Events 10 thru 14.

PROPOSED LEGISLATION

APPENDIX H

AN ACT

Providing for the creation of a Legislative-Executive Committee to formulate a plan for the reorganization and delivery of human services by the Commonwealth of Pennsylvania and to prepare appropriate legislation in connection therewith. THE GENERAL ASSEMBLY OF THE COMMONWEALTH OF PENNSYLVANIA HEREBY ENACTS AS FOLLOWS:

Section 1. The General Assembly finds and declares that:

(1) The effective delivery of preventive, supportive, remedial and rehabilitative services to the people of Pennsylvania is of serious concern to the General Assembly. It is of vital importance that these services, which affect the lives of millions of Pennsylvanians, be of the highest quality and readily available in acceptable form, and that they be delivered efficiently and effectively.

(2) The Governor's Task Force on Human Services, established July 14, 1970, has shown that Pennsylvania's health, welfare and rehabilitative services have developed sporadically and unevenly over the years to meet special problems, to serve special functions and special age groups. As a result, we have a conglomeration of programs administered and funded under different departments of State and county and municipal governments and characterized by fragmentation, duplication and lack of coordination.

(3) The Governor's Task Force's intensive study has pointed out the need for development of a new comprehensive human services system.

(4) The report and recommendations of the Governor's Task Force have demonstrated the need to formulate a plan that will accomplish this goal.

Section 2. A Legislative-Executive Committee for Human Services shall be created as follows: The Speaker of the House of Representatives shall appoint six Members, not more than three of whom shall be from the same political party; the President Pro Tempore of the Senate shall appoint six Members, not more than three of whom shall be from the same political party;

and the Governor shall appoint, without legislative confirmation, the Secretaries of Health, Public Welfare, Labor and Industry, Education, Community Affairs and Administration. The Chairman shall be designated by the Governor.

Section 3. The Committee shall invite citizen groups knowledgeable in the field of human services to present their points of view.

Section 4. The General Assembly and the Executive agencies may assign necessary staff to the Committee at its request.

Section 5. The Committee shall have the power to hold public hearings, take testimony, and make its study at such places it deems necessary within this Commonwealth. The Chairman or his designated alternate shall have the power of subpoena.

Section 6. The Committee, utilizing funds to be received from public or private sources, shall have the power to arrange for contracts for the services of professional persons and organizations in order to effectuate the purposes of the Act.

Section 7. The Committee shall formulate a comprehensive plan for organization of the human service components of state government and prepare appropriate legislation to assure all persons ready access to a combination of services designed to prevent, remedy or mitigate the consequences of physical, mental, or social disability. For this purpose the Committee shall:

(1) Assess the human service needs of persons in Pennsylvania which should be met by Pennsylvania State government, and study present systems governing entitlements for service and develop criteria for entitlement.

(2) Define and outline human services to be provided by state government.

(3) Propose organizational arrangements for service delivery

which will assure their optimum utilization in forms acceptable to clients and free from stigma.

(4) Propose systems and criteria for evaluation by which the effectiveness and efficiency of service delivery may be regularly tested.

(5) Develop and propose patterns of organizational structures most appropriate to accomplish the defined goals and meet the service needs including mechanisms for service delivery, service evaluation, client advocacy, and continuing research and planning.

(6) Propose methods for achieving optimum manpower utilization, including appropriate programs for staff recruitment and development.

(7) Study all existing funding mechanisms used by State government agencies providing human services and develop more appropriate funding mechanisms that will assure maximum utilization of available governmental and private resources and which will promote the effectiveness as well as the efficiency of the proposed service delivery system.

(8) Assure cooperation and participation of state and federal agencies related to human services.

(9) Suggest, as appropriate, demonstration projects to test the utility and efficacy of proposed service delivery arrangements.

(10) Have the power to pursue any other course of action consistent with the intent and purpose of this Act.

Section 10. The Committee shall report to the General Assembly and the Governor prior to January 1, 1972.

Section 11. This Act shall take effect immediately.

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